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# California State Journal of Medicine

ISSUED MONTHLY: OWNED AND PUBLISHED BY THE
MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Vol. XV, No. 12 DECEMBER, 1917 $1.00 a Year

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# California State Journal of Medicine

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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

VOL. XV · DECEMBER, 1917 Number 12

**Many physicians who have joined the colors are still able to attend their practice to some extent. Until these men are called away we should avoid misleading statements regarding their whereabouts. Patients seeking their family physician should not be given to understand that he is off to war until he has gone.**

## MEDICAL PATRIOTISM AND THE STATE SOCIETY.

It has been iterated and shall be reiterated that patriotism consists in actions as well as words and of the two, actions are the more important. From the beginning, American men of medicine have been noteworthy for their maintenance in vigor and purity of the institutions and ideals of their country. Nor have they fallen short in the present emergency. The response in California to the summons of the Army and Navy is enthusiastic and liberal. Our quota will be provided. There are, however, certain less public and obvious fashions of expressing and rendering patriotic service, and these must not be lost to attention.

For instance, the physician finds the duty of public service, which is his constant companion, enormously intensified in war-time. Then must he educate, and watch, and prevent, and organize as he never did in peace-time. Then must be take counsel of himself and his fellows, for the health and security of the civil population, that they be protected from themselves as from the harpies who would prey upon them, that their ignorance and indifference fall not a spoil to the politician and the money-seeker. All of the public obligations of the physician, by that very token, are greater in time of war. And they are greater because on the proper fulfillment of them depends the health and fighting efficiency of the military, and the health and supporting efficiency of the civil population.

Hence comes the necessity now for the physician in California to assume his public role as he has not done heretofore. Hence the necessity for him to organize as he has not done before. Organization and efficient assumption of these public obligations by the medical profession are thus a definite and clear public duty. They are a necessary form of patriotic service. The doctor who conscientiously or of necessity is not in uniform, cannot escape this obligation. If he is neither in service nor in the organized ranks of his profession, then he is a slacker from the obligations of a public nature which rest on our profession to-day. The war is a trumpet call for every reputable physician to enroll in his local county medical society, and help direct and extend the useful functions of the State Society.

The State Society needs every doctor in the

state. It is only half efficient when its membership includes but half the doctors of the state. Now is the time for every and each county society to make an organized campaign to increase its membership to include the medical profession of its territory. This is a patriotic duty for each society and a patriotic obligation on it. A measure of the energy and life of the county society is found in the ratio of its members to the entire profession of its territory. The State Society is not a political machine, nor a plaything of a clique, it is the organized medical profession of the state and it can accomplish great things for the profession, and through them for the civil body, and beyond that for the country, if only this clear-cut obligation is felt, on the one hand by each county society, and on the other, by each physician in the state.

Each county society should initiate an aggressive and carefully planned campaign, as a patriotic duty, to increase its membership to the available limit.

---

## MORE MEDICAL OFFICERS.

At the last meeting of the Council of National Defense, Medical Section, a complete list of the physicians in California who have entered the Medical Officers' Reserve Corps was presented. Their number totals to date 665 men. The entire number required from the State is 800. It is therefore apparent that there are approximately 135 men yet to volunteer for military service.

This committee has made up a list of all the physicians in California of military age and has classified them according to their age, number of dependents, teaching position, public service and physical fitness. These names have been gathered into groups according to counties and the lists will be sent to the County Committees for National Defense. A concerted effort will be made to fill the required number of enrollments.

Men throughout the State who have not known whether it was their duty or not to enroll in the M. O. R. C. will have plainly put before them the necessity of such service. The final judgment, however, will have to be left to their individual consciences and their more intimate knowledge of their personal affairs.

It is quite natural to expect that the unmarried men, or men of small families whose circumstances permit the sacrifice, should be expected first to join the colors, rather than men of greater responsibilities. It is not only their duty, but it is a privilege, and doubtless will result in a personal advantage to them. They will be serving their country and entering into the biggest event in history, and at the same time gaining a fund of professional experience which will be of service throughout their lives.

Therefore, if you are called upon by your local committee, remember that the need is still great, your country calls you. It is up to you to make the decision.

## ORAL EXAMINATIONS FOR MEDICAL LICENSES.

The first examination under the new Medical Practice Act which, as has been described previously, allows osteopaths to be licensed on oral examinations, provided they have made certain preliminary requirements, was held in Los Angeles early in October. This examination left much to be desired in the way of thoroughness and of providing a genuine test of proficiency in the candidates. The list of questions asked is fairly comprehensive. The fact of its being the first oral examination given under the new law probably accounts for its not being more stringent. It was doubtless difficult to make it as thorough and practical as the Board would have wished.

That this is true is indicated by the improved character of the second examination held in Los Angeles and the third held in Oakland. If the Board of Medical Examiners improves the character of these oral examinations, as their policy so far indicates that they will do, there can certainly be no just criticism of inadequate examination. In another column is given a résumé of the results of these examinations.

As has been said editorially in former issues, the medical profession of the State is vitally interested in the character of these oral examinations. Those osteopaths who prove their efficiency and who are licensed as physicians and surgeons may become eligible for membership in the State Medical Society through membership in the local county societies. To do this, it is only necessary for them to practice as regular physicians and not as osteopaths or adherents of any special medical or pseudo-medical sect.

It therefore behooves the medical profession of the State of California particularly to see to it that the character of these oral examinations is fully satisfactory in order that those osteopaths who qualify for membership in the State Medical Society may be received with good grace and with the cordiality which is their due. If osteopaths who pass the State Board of Medical Examiners are known to have passed on their actual merits, there will be no valid criticism on this ground of their being received later into the County Society. It is very much to be hoped that every candidate who passes the State Board of Medical Examiners will make himself eligible for membership in his local County Society.

---

## INDEMNITY DEFENSE FUND.

The attention of Contributing Members is expressly directed to the due dates of their notes for the balance of the assessment. These notes are maturing now in large numbers, and all notes will become due on or before December 31, 1917. Although each Contributing Member will receive a notice from the Secretary, do not wait for such notice, but mail your check at once. If the payment is not made, your coverage lapses. Do not overlook or forget to take up your note on or before its maturity.

The initial assessment for the organization of

the Indemnity Defense Fund was fixed at $30.00, one-half to be paid in cash upon subscription, and the balance by note due one year thereafter. In fairness to those who joined the Fund promptly, it was necessary to fix a limit upon this method of payment, and therefore DECEMBER 31, 1917, was settled upon as the LAST MATURITY DATE FOR NOTES.

Commencing January 1, 1918, the Council has decided that the full initial assessment of $30.00 be paid in cash.

Members should have in mind that the Council does not contemplate an annual assessment of $30.00, or any other sum, to maintain the Indemnity Defense Fund. The experience with medical defense for the last eight years warrants the assertion that an annual assessment of $30.00 will not be required. In all probability a second assessment will not need to be levied for a year or more and it may be that the Fund can be maintained for as low as $10.00 per annum.

Members should also understand that this is not insurance, but an indemnifying association which possesses all of the good features of insurance with the added advantage that it can be carried on a much more economical basis than any insurance proposition.

We can assure members that they not only have better protection by our own system of Defense and Indemnity, but that the interest and co-operation of organized medicine stands behind their cases.

This is about the time of year that the question arises whether to renew your policy in your old company or to go into the State Society. Our advice has been to *do both*. But, if you can only join one organization,—join that which combines superior protection with mutual interests.

We urge you to join the Fund.

---

## THE PEOPLE'S COUNCIL.

There has been received for gratuitous publication in the JOURNAL a reading notice of certain lectures by one, Scott Nearing, under the auspices of "The People's Council." On its receipt the following letter was sent to the secretary of that organization:

"November 13, 1917.

"To the Secretary of the People's Council of America, Northern California Branch, 68 Post St., San Francisco.

"Dear Sir:

"I am in receipt of a reading notice concerning the lectures of Dr. Scott Nearing. I find myself in some doubt as to the exact status of the People's Council of America. May I ask for explicit statements on the following points:

"1. What is the object of your society?

"2. What is your attitude toward the present governmental administration under present war conditions?

"3. Is it within the purpose of your society to further in every possible way the prosecution of the war against Germany?

"Very truly yours,

"ALFRED C. REED, Editor."

The following reply was received:

"San Francisco, Cal., Nov. 14, 1917.

"Mr. Alfred C. Reeds,
"135 Stockton Street,
"San Francisco, Calif.

"Dear Mr. Reeds:

"Your letter inquiring about the purposes of the People's Council was received this morning. Although one person cannot presume to speak for the People's Council, I can answer your first question by the enclosed announcement. Personally, my attitude towards the present administration is the same as that of all thoughtful persons, namely: support is given the administration when it carries out the will of the people, and the administration is opposed when it does not. Your third question is also answered on the circular.

"If any forther information is desired, it will give us great pleasure to furnish the same.

"Very truly yours,

"WM. SHORT, Chairman."

The "enclosed announcement" noted, was entitled "The Truth About the People's Council." As will be noted, the reply given above does not answer the second question asked, nor did the enclosed circular answer the third question asked, the writer to the contrary notwithstanding. The first question is answered in the circular in very inexact and general terms, and no details are given which would enable the reader to form a judgment as to the answer to be expected to the second and third questions propounded in the letter of the editor.

The circular states certain truisms to which we naturally agree, as, for instance, "that militarism . . . must become a thing of the past." It also states that "there must be a speedy and democratic peace." It is useless to analyze the matter further. Peace is desired by all concerned, but God forbid that it come before the destruction of German militarism.

The People's Council, having implied some sympathy with its aims on the part of the JOURNAL by submitting a reading notice, hereby receives its answer. We have the most complete abhorrence for the entire institution and emphatically condemn it because of our conviction that it is subversive of the ends for which our fellows are in the trenches in France. We cannot be loyal to American democracy or the traditions of American medicine, and countenance this thing. Its ugly head savors of sedition and treason. We will have none of it. We feel that to offer its propaganda for publication to the medical profession is an open and direct insult to the medical profession, which has given and is giving and will continue to give its best effort, and skill, and loyal support and life itself, in support of the principles for which this nation is at war. California physicians to the number of nearly seven hundred, have enrolled in their country's service. It is their honor and our honor. Let us have none of this so-called People's Council. There is abundant work for all in patriotic lines. Let us do it.

## A BAD SITUATION.

Two California medical colleges are listed in Class C by the rating of the Council on Education of the American Medical Association. One of these is the College of Medical Evangelists, of Loma Linda and Los Angeles. This, so we understand, has raised its standards, facilities and clinical material, and will doubtless soon receive higher rating. The second Class C institution is the College of Physicians and Surgeons of San Francisco. In its reference, attention is called to the resignation of a member of its faculty, as printed under Correspondence in this issue.

It has so happened that graduates of this institution have been licensed to practice by the State Board of Medical Examiners and certain of them have been drafted for National Army service. The military authorities refuse to recognize their claims for transfer to the medical corps, much less that they be commissioned as medical officers, on the ground that the school from which they graduated is unsatisfactory and of Class C rating. Two questions arise from this situation.

In the first place, the medical profession of California does not want any Class C medical college in the state. Such colleges should be forced at once to disorganize or else at once to raise their standards to a satisfactory level. As we understand the College of Medical Evangelists is accomplishing this end satisfactorily, these remarks are directed solely at the San Francisco College of Physicians and Surgeons. It is not just to present or prospective medical students to allow the possibility of their entering such a school. It is not just to the public to allow them to receive the M. D. degree.

In the second place, the State Board of Medical Examiners owes an explanation to the medical profession on the one hand, and to the lay public on the other, for the licensing up to the present time of graduates of this college, if these graduates are not able to obtain recognition for their medical work from the military authorities. Such protection of the health interests of the public is not satisfactory. It is difficult to understand why California should admit graduates of this college to examination for license when thirty-nine other states refuse such permission. A more strict policy might well be expected in the future.

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## EDITORIAL COMMENT.

Under the heading of "Correspondence" will be found a letter from a Belgian soldier at the front, written to a lady who had sent a box of cigars. To receive such a letter should be inducement enough for many of us to follow her example.

---

We have meatless days, and wheatless days, and we economize, or imagine we do, in various ways, all to the good end that the money and rations of the allied fighting forces may be conserved. There is another way, not so far advertised, in which millions could be raised in a manner having certain distinctive advantages. These millions could feed the hungry in France and Belgium, or support the Red Cross, or be turned to the comfort of our military, or be used in several other excellent ways. These millions could be raised by contributions from every class of our society, rich and poor alike, and each would automatically give according to his real ability to give. Moreover, these millions would be raised without real hardship to anyone, without taking money from other worthy or necessary objects, and with a very probable gain in health and well-being for the donors. These millions, in short, could be raised by having every week a smokeless day on which the money that otherwise would be spent for tobacco would be turned to this fund. How about it? Why not try it?

---

In an interesting article entitled "The Food Problem and Its Solution," published in the "Fortnightly Review," attention is drawn to the fact that the brewing industry represents an enormous wasteful drain on the grain resources of Great Britain. The writer quotes the figures presented by Mr. Prettyman in the House of Commons in November last, according to which grain and sugar were used in distilling and brewing to the following extent during the year ending September 30, 1916:

| | Tons. |
|---|---|
| Barley | 1,224,200 |
| Other corn and grain | 305,176 |
| Rice, rice grits, flaked rice, maize, grits, flaked maize and other similar preparations | 67,578 |
| Sugar | 119,999 |
| Molasses | 41,115 |
| Total weight | 1,758,068 |

For a country which regularly imports large quantities of grain in order to supplement its own home-grown supply, it is indeed pertinent to point out, as does the writer of this article, that the significance of the above figures is apparent when they are compared with the British wheat harvest. As the latter comes to about 2,000,000 tons per annum, it follows that in the year ending September 30, 1916, a quantity of grain, equivalent in weight to four-fifths of the whole British wheat harvest, was converted into intoxicating drink. ". . . It is extraordinary that whereas the Government has put the people on their honor to reduce their consumption of bread and sugar, the drinking section of the community have not similarly been told to limit the consumption of drink which is manufactured from grain and sugar."

The writer has undoubtedly indicated one of the chief items of food waste permitted to go unchecked. Conditions are entirely similar in this country and, as our readers know, it appears very unlikely that any effective control of this form of waste will be effected. Unlike the writer of the "Fortnightly Review," however, we are not at all surprised for, after all, the reason for the Government's failure to move in this matter is plain. How much longer, however, will the intelligent people of the community submit to dictation at the hands of those who poison the public health for personal gain?—N. Y. Weekly Bull. Dept. Health.

Will you please turn to the heading of the editorial page and notice the unduly large number of blanks in the list of county associate editors? Who is *your* county editor? If his name is not on the list, please have it put there at once. Do not be so absorbed in your own local round that you have no interest or concern for the State Society with which you are affiliated. We must have this list filled up at once. Do it now.

---

How many physicians, you included, can sign their names legibly? How many can write a legible prescription? And if they can, how many actually do these things? It would surprise many a doctor to know the difficulty and legal penalties which not infrequently follow an unintelligible signature on the records of the secretary of the State Society and of the State Board of Medical Examiners. In the present day of typewriters, every communication for publication, and most for correspondence, should be typed, with good margin, double spaces and, above all, with a legible signature. Observe your handwriting objectively and see if it really is legible.

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**Remember that the advertising pages contain some interesting things in addition to the jokes.**

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The answer to "An Open Letter Reply" in the November issue of the Journal was contributed by Mr. F. W. Peabody, a man whose close and accurate study of Christian Science has made him worth hearing in his opposition to it, and whose opinion is based on facts of experience and record.

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**Readers of papers for the State Medical Society meeting at Del Monte in April 1918, are reminded that the title and a short synopsis of the paper must be in the hands of the Secretary of the Committee on Scientific Program by December 31, 1917, or the place reserved on the program cannot be held. After December 31st no applications for places on the program can be considered.**

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In order to practice medicine, dentistry, or pharmacy in the Dominican Republic it is necessary for a foreigner to pass an examination before the Professional Institute in Santo Domingo City. This examination, which must be taken in Spanish, consists of two hours of theory the first day, and on the second day two hours of practice on a case selected by the examiners. The successful candidate is given a certificate by the institute. In addition to passing the examination before the Professional Institute it is necessary for the applicant to present a diploma from a college of recognized standing in the profession, duly registered and legalized. Dominican medical students usually complete the course at the medical school of the University of Santo Domingo and then finish their studies in the University of Paris. Almost all of the dentists and pharmacists are graduates of institutions in the United States. There are no American doctors, dentists, or pharmacists practicing in the Dominican Republic.

# Special Articles

## THE DISEASES OF WAR: THEIR PREVENTION, CONTROL AND TREATMENT.*

### (The Handling of Infectious Diseases in the Field.)

By MAJOR LLOYD L. SMITH, Medical Corps. United States Army.

The diseases responsible for the greatest losses in war may be practically divided into two main groups: (a) those of the infective intestinal type—typhoid, paratyphoid, dysentery, and cholera; or (b) those conveyed by vermin—typhus and plague.

As these diseases and their specific organisms are the same as those met with in peace, the high disease rate of troops on active service may be either due to the lowered resistance of the troops, or to increased facilities of infection. The reason for these increased facilities is easily understood. The improvisation of measures to supply pure water, and the disposal of excreta; over-crowding of tents, to an extent; the absence of suitable means of isolation and disinfection; insanitary conditions—largely unavoidable, inseparable from the stress of war—all these play their part in the causation of these disease rates in war.

Typhoid fever illustrates, very well, the facts relating to the infectious diseases, which, in the South African War, caused 42% of the total death rate. Prior to antityphoid inoculation, typhoid fever has hitherto broken out in expeditionary forces toward the end of the first month of service, in spite of excluding men who are under suspicion of being in the incubation stage. As an illustration, the experience of the American camp for concentration of troops about to proceed to Cuba, may be taken. Every camp was infected by enteric within seven weeks; and to this disease was attributed 80% of all the total deaths, while 20% of the total personnel in the camp contracted typhoid. For a long time, it was thought that the troops hadn't been thoroughly examined before departure, or that the disease developed spontaneously. The finding of the typhoid carrier has dispelled much of the haze surrounding this mystery. The facts were as follows: That the troops included typhoid carriers; the specific germ was of low virulence; the transmission of these organisms through the bodies of a number of men increased the virulence; the men with lowered physical resistance supplied the early sporadic cases; and the outbreak assumed the proportions of an epidemic, after the necessary interval required for the development of the secondary infections. The modes of the secondary infections are given as follows: (a) Contact infections. In the Spanish-American War, 66% of all the cases of typhoid fever were traced to the infection by the other men in the same tent. It was also noted that certain tents in heavily infected camps remained free from cases throughout, although their occupants mingled freely with the rest of the personnel and

* An address delivered before the Pacific Association of Railway Surgeons, St. Francis Hotel, San Francisco, Aug. 24, 1917.

used the same water, kitchen and latrines. (b) Ambulatory typhoid and premonitory diarrhoea. It has been noted that outbreaks of typhoid fever have been preceded by epidemics of apparently non-specific diarrhoea. A possible explanation of this is that the specific bacteria in the passage from one individual to another gradually increase in virulency; at first, they give rise only to diarrhoea, and, while not causing blood infections, however, give rise to an intestinal irritation. This was regarded as established by the Reed Board of the U. S. Army in 1898, when it was found that those who suffered from an initial diarrhoea were less likely to have subsequent attacks of clinically typical typhoid fever. Whether one regards these cases as mild or not, the fact remains that outbreaks of diarrhoea in war time, deserve especial consideration and study. Diarrhoea should be carefully watched for, and is simply a warning that more stringent measures may be required. Concerning the so-called "walking typhoid," it may be said that the Reed Board considered that cases of diarrhoea gradually merge into ambulatory typhoid; and it was estimated that only 46% of all cases of genuine typhoid were diagnosed as such. (c) Infectivity of typhoid at various stages of an attack. The most important point to remember about clinically typical typhoid is that infectivity is marked in the incubation stage. It has been shown that during the second week of incubation the infectivity is little less than that of the first two weeks of the developed disease and is responsible for more than twice as many infections as were traced to the convalescent period. (d) Dust and mud. Dust is regarded as an infective agency frequently overlooked. While it is said that the infectivity of dust is short lived, it is also regarded as intense and it is only necessary to recall the enormous numbers of enteric organisms in the typhoid urine to appreciate this fact. (e) Other diseases of the infective intestinal type. Attention has been directed upon typhoid fever as the most important disease of this group, because it has been more thoroughly investigated, and better illustrates facts which are applicable to the next important diseases, namely, the paratyphoid group and dysentery; also, must be included that most dangerous of field epidemics—cholera.

In the present European conflict, the nations have drawn their forces from the scattered portions of the globe. All of these millions of men, suddenly withdrawn from the accustomed environments of peace, have been subjected to new modes of life, to a change in food, habitation, clothing and habit. They have been thrown into more or less intimate contact with other men who were infected with foreign diseases. The results of this new environment and exposure to new infections soon began to show itself in the hospitals. Typhoid fever appeared among the uninoculated French troops, and, it is said, that, at one time, they had no less than 30,000 cases; but this was soon controlled, and the disease is now a rarity since inoculation became obligatory.

Cholera broke out among the German troops in Galicia and the Rakitno marshes; but less than one-half of one per cent. of the troops had the disease, and of these only 10.2% died. This was because of the efficacy of the anti-cholera prophylactic. Among the uninoculated civilian population, the mortality rate was 50%. In both the military and the civil population the disease was controlled and finally eradicated.

OTHER DISEASES OF PRACTICAL INTEREST.

(1) Cerebro-spinal meningitis has occurred among troops at the front in the European War, and has caused considerable anxiety, partly on account of its high death rate (70%) in untreated cases, and from the fact that 40% of all contacts are said to be temporary carriers which may persist for about thirty days, on the average; in other cases, the germs may remain alive for several months; some persons carry them permanently. The prophylaxis consists in the prompt isolation of patients, with sufficient air space and ventilation, and all other measures tending to prevent contamination with the oral and nasal secretions.

Whenever this disease prevails, carriers are so numerous that it is generally impracticable to quarantine them; but, as far as possible, they should be detected and isolated, or, at least, kept under observation, and carefully instructed as to what to do and what to avoid.

Concerning the treatment, I need say little, except that the injection of the anti-meningitic serum of Flexner and Jobling has yielded excellent results in the Army. This serum has reduced the mortality from 73 to 25 per cent. in adults. Excellent results have also been reported from vaccination with meningo-bacterin, the reaction being very much like that observed after the use of typhoid vaccine. On the Texas border, there have been a few sporadic cases of meningitis, following which there are always a number of spurious cases which turn out to be hysteria in patients afflicted with a cold, or sore throat. On the Mexican border, when meningitis breaks out in a command, the men who occupy the same tent or are in intimate contact with the case, are promptly isolated, their temperature taken every day for two weeks, and a leucocyte count or a lumbar puncture are done on suspicious cases. The Hospital Corps men nursing these patients are vaccinated with the meningococcus vaccine.

(2) The typhus fever of Mexico (tarbardillo), the Rio Grande fever, and Brill's disease, have been shown to be identical with typhus fever. The immediate association of this dread disease, are famine, filth and vermin.

It seems now well established that the body louse, and, to a lesser extent, the head louse, are the usual communicating agents of typhus infection. The lack of bathing facilities in the trenches, and other means of ridding the troops of lice, permitted typhus to make large inroads in the early part of the European war; and famine conditions in Serbia permitted the disease there to reap a frightful harvest. The war is now on a more or less permanent basis, and the installation of the machinery of cleanliness has practically eradi-

cated this disease—except in Turkey, where it is now prevalent.

On the Mexican border, the following method is used in dealing with the vermin:

For body lice, the clothing should be removed and placed in boiling water for ten (10) minutes, or dipped in a mixture of vinegar and kerosene long enough for the mixture to soak into all the folds. Where so many suspects are being handled, their clothing and baggage are placed in an autoclave and kept there for fifteen minutes under not less than ninety pounds pressure; this kills both lice and eggs. Of course, every community may not have such an installation. It has been found that the mixture of vinegar and kerosene kills the vermin and the ovum. The kerosene kills the lice vermin and loosens the nits from the hair; while the hot vinegar destroys the ovum. Gasolene will loosen the nit from the hair, but does not destroy the ovum vitality.

For head lice, clip the hair and treat the head with the above mixture; after which, a shower bath of soap and water should be taken.

(3) Plague. Another vermin disease, carried by fleas.

(4) The exanthemata. It is said that, in the present European war, the commoner exanthemata have laid heavy toll upon contingents to whom they were new. Of this class, I will speak of measles. In the Army, it is responsible for more deaths than all the other eruptic fevers together. Under circumstances, when developed under conditions of want, hardship, exposure, and bad sanitation—and especially, when associated with a scorbutic taint—the disease may assume an extremely severe and fatal character. Formerly, the occurrence of the hemorrhagic form of measles was not infrequent among troops and was much dreaded. The exposure in the treatment of measles cases in tent hospitals, often unavoidable, does much to develop secondary bronchitis and pneumonia; and to these latter causes is to be attributed, also, much of the gravity which the disease has assumed when prevailing among troops during the existence of hostilities. During the Civil War, there were in the Union forces 75,177 cases, with 5,174 deaths; among the Confederate troops, Eve states that measles prevailed to such an extent that whole companies, batteries, and even regiments under organization, had to be disbanded and the men sent home. During the seige of Metz, measles was extremely prevalent and fatal in the garrison. The disease occurs far more frequently among recruits than old soldiers; the number of cases depending upon the proportion of susceptible individuals, and occurring particularly in country-bred recruits. In severe epidemics, the principal complications are broncho-pneumonia, pleurisy, empyema and otitis media. In camps, cases of measles should always be expected, watched for, and promptly isolated.

The measures to prevent the spread of this disease, consist chiefly in an early diagnosis, and the effective isolation of patients. It is desirable when possible, to separate cases with secondary infections from simple uncomplicated cases.

In an outbreak at a post or camp, every man who has not had the disease, should be required to report daily to a medical officer to be examined, especially for Koplick's spots, rise of temperature, coryza and cough.

(5) Next to tuberculosis, pneumonia is the most deadly of all diseases in the United States Army. Pneumonia and the respiratory affections attacked, in the present war, those dwellers of the tropics or subtropical countries, who were unused to cool climates; not all of the pneumonia, by any means, occurred in the troops from the tropics.

Sir William Osler, in discussing this question, said: "The allied arms in the west have been singularly free from camp diseases—no cholera, typhus, or malaria, and extraordinarily little enteric. Never before in history has so great a host been assembled; never before in war have armies been so healthy. The common civilian diseases have had their innings and have played relatively the most important role—cold and coughs, rheumatism in many forms, and mild fevers. When the mortality statistics of diseases are published from the Army of the West the best 'killer' will be found to have been the pneumococcus, the home-bred germ which the soldier takes with him or easily procures from a comrade. A short, sharp, honest disease, pneumonia either kills at short range or recovery is rapid or without sequelae."

Pneumonia has occurred in epidemic form among the troops on the Mexican border during this winter. Sleeping in conical tents which are heated with conical stoves, and where the ventilation is poor, is believed to be a contributing factor in the causation of pneumonia. These tents are either very hot or very cold; they become very hot at night and cool off in the early morning hours, subjecting the inmates to chilling. Their resistence is thereby lowered, rendering them more susceptible. to respiratory diseases. When pneumonia occurs in epidemic form, the contacts should have their temperature taken daily, and be excused from drill for a few days. The tents should be well ventilated and sunned during the day. The men should be held in camp, and not permitted to attend moving picture shows, etc., until the danger has passed.

It is important to differentiate the different types of pneumonia by agglutination methods, provided good laboratory facilities are at hand. Pneumonia may be divided into four types:

Type I: Occurs in epidemic form and produces about one-third of all the cases; untreated cases yield a mortality of about 24%. This type responds well to serum treatment.

Type II: Also occurs in epidemic form, and furnishes about one-third of the cases; the mortality is about 60%; this form is not so amenable to the serum treatment.

Type III: Furnishes about 15% of the remaining one-third; the mortality of this type is about 60%; serum treatment is of no avail.

Type IV: Furnishes about 15% of the remaining third. This type includes the ordinary pneumonococcus, as found in the mouth; the mortality is under 20%.

The pneumonococcus is obtained from the blood

culture, or from the sputum; an immune serum is prepared, and the types of pneumococci are differentiated by agglutination methods.

MEASURES FOR DEALING WITH INFECTIOUS DISEASES IN WAR.

The measures for dealing with disease in war are as complex and varied as the diseases with which they are designed to deal; hence, they can only be taken up in a general way.

1. Indications of need for action: Two essential methods are necessary.

(a) The first, is an accurate diagnosis. This may present considerable difficulty in the field, and these difficulties have been enhanced by the growing tendency in practice to rely upon laboratory assistance to the detriment of direct clinical observation. Traveling motor-laboratories, however, provided for each army at the front, would offer great assistance in making accurate diagnoses.

(b) The second basis, is accurate statistical records of the prevalence of those diseases which call most urgently for remedial action. Upon the sanitary officer falls the duty of keeping the statistical records of preventable diseases, and maintaining close touch with the progress of the remedial measures for which they indicate the need.

2. Preventive measures. The preventive measures that are necessary in each disease, can only be indicated in a general way.

(a) The most important is the anti-typhoid vaccination, by which we have a method of protection against this disease which is quite as efficacious as is vaccination against smallpox. That the results of anti-typhoid inoculation have been entirely satisfactory is shown by the fact that, whereas, prior to 1910, there were, in the army, annually, in a strength of about 86,000 men, about 300 cases of typhoid fever, since 1910, there have been, in five years, thirty-two cases. During this time, there have been no great advances in military sanitation to account for this enormous decrease in the typhoid incidence. In the European armies, a polyvalent vaccine, containing bacillus typhosus, bacillus paratyphosus "A" and "B," and the bacillus of Asiatic cholera, is being used with good results. The report of the Surgeon General for 1915 shows that seven cases of typhoid fever (officers and enlisted men), occurred during the year in the army stationed in the United States. Four of these cases were in recently enlisted recruits who were in the prodromal stage of the disease. The history of several of these cases illustrates the failure to take early advantage of laboratory procedures in diagnosing obscure cases of continued fever. It is believed that the taking of the temperature prior to giving the first dose of vaccine, would detect these cases already in the prodromal stage of typhoid fever at the time of enlistment.

(b) Concerning preventive measures in typhus fever, it may be said that any knowledge of the mode of transmission of this disease, suggests the necessary prophylactic measures, namely, prevention of crowding, house sanitation, personal hygiene, proper bathing facilities, and methods of destruction of vermin and disinfection of clothing, etc.

REMEDIAL ACTION.

Next to preventive measures is the prompt detection of wastage in the fighting force and the removal of its cause. Here statistical returns are of importance. The diseases should be so classified as to indicate the presence of certain defects, namely, diseases of malnutrition, in relation to rations and cooking, and exposure diseases in relation to clothing. The acute infectious diseases are the most important, and demand the prompt isolation of the patient and equally prompt destruction of the infectious material by prompt disinfection.

(a) Isolation of infectious cases.

(b) Disinfection in the field by portable steam sterilizers, and other physical and chemical agents, are also to be considered.

The role of insects in war, the water problem, and the disposal of waste products are all important subjects which will engage the attention of the Army Sanitarian, and will often tax his ingenuity and knowledge of sanitation to the utmost in his effort to prevent and control transmissible diseases. The subject is too large in scope to more than touch upon in this paper.

The control of diseases in war depends entirely on an efficient sanitary service. Dr. Rucker, of the Public Health Service, states as follows on this subject: The duties of the sanitary service are varied, and include the installation and operation of every structure or appliance that appertains to sanitation in the field; the guarding of water supplies, and the careful treatment of those of doubtful origin; the testing of rations; the operation of bath-houses and laundries; the issue of parasite-free clothing and blankets; the cleansing and disinfection of houses; the destruction of garbage and manure, or other possible breeding places for flies; the cleanliness of camps; the isolation of patients suffering from infectious diseases; also, the contacts thereto, both in the military and the civilian population; the administration of typhoid and paratyphoid prophylactic; the search for carriers; the immediate investigation, with the help of the mobile and base pathological laboratories, of all outbreaks, whether among troops in the fighting zone, or those on the lines of communication, or elsewhere; and the maintenance of spot maps, charts and tables revealing the health history of every unit in the field. Gigantic lorries rapidly transport from place to place enormous disinfectors, each having a capacity of sixty cubic feet, thus permitting the rapid sterilization of the clothing of troops. Details of sanitary troops are engaged in draining mosquito-breeding swamps, while others lay out and build water filtration beds and sewage-disposal plants.

If I may be permitted to digress a little, I would like to say something about recent reports concerning mental disability in the present European conflict. The continuous strain of trench warfare has produced much neurasthenia and mental aberration, while the shock of heavy gun fire, where it has not produced death outright, has frequently brought about nervous conditions or actual

insanity. It has been known for some time that about one-fifth of all soldiers discharged are discharged on account of mental disability. Striking as is the prevalence of mental disease among soldiers and sailors in time of peace, it should be borne in mind that this is greatly increased during war. The intense emotional strain associated with warfare causes acute exacerbations of some of the milder psychotic and borderland cases which were able to get along unnoticed under the less stringent requirements of civil life. It has been found that cases of arrested dementia precox, neuroses and psycho-neuroses, cyclothymia, and high grade imbecility, have all been found among soldiers who have been mustered in without any suspicion that such conditions existed. Dr. Rucker informs us that when the European war is over, it will be mental disease rather than physical disease which will have been spread in Europe, out of which there is danger of their importation to the United States.

Let us hope that every medical man will show adequate interest in sanitation in war, and inform himself of the duties and responsibilities that may devolve upon him if he is ever called upon to play his part in the defense of his country.

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## SOME PROPERTIES AND ACTIONS OF TETHELIN, THE ACTIVE CONSTITUENT OF THE ANTERIOR LOBE OF THE PITUITARY BODY.*

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The process of growth obviously does not take place with uniform velocity throughout life. It is not at all unusual for an infant to grow, during the first months succeeding birth, at the rate of two pounds per month. Were this rate of growth maintained then at twenty years of age we would weigh in the neighborhood of five hundred pounds. Neither does the growth-process undergo a uniform retardation, diminishing in velocity by a uniform proportion per annum. On the contrary, as every pediatrician knows, the growth of children takes place in spurts, separated more or less distinctly from one another by periods of relatively languid growth. Such a resting period occurs towards the end of the first year of extra-uterine life and is succeeded by the relatively rapid growth of the 3rd, 4th, and 5th years. Another pause or slackening of growth succeeds this, to be followed by the energetic growth which accompanies adolescence.

The growth of man, therefore, consists of periods of rapid and slow growth which alternate with one another, and if we plot the growth in any dimension, for instance weight, on coordinate paper, so that weights are measured vertically and ages horizontally, we obtain a diagrammatic picture of the growth process which is not a straight line, nor even a single curvilinear sweep, like the outline of a parabola or of the logarithmic curve which represents the progress of the ordinary type of chemical reaction. On the contrary, our diagram reveals distinct waves or large oscillations in the growth-process and resembles, as a matter of fact, the diagram which you may obtain by superimposing three successive S-shaped curves upon one another in such a manner that their adjacent extremities merge into one another.

These waves or oscillations are not accidental, they are easily distinguishable from the relatively slight irregularities or fluctuations of growth which every individual child will display more or less frequently during its development. They are distinguishable from such accidental fluctuations because they occur at very nearly the same places in the growth-curve of every normal child and in the average growth-diagram constructed from the growth-data supplied by any large number of infants, these large oscillations or waves reveal themselves very distinctly, while the accidental and individual fluctuations cancel out and disappear in the average diagram because in the long run, if we take a sufficient number and variety of children into account, just as many of these accidental fluctuations will be positive (i. e., supernormal) as negative (i. e., subnormal). But the large fluctuations, which have a definite physiological significance, remain unaffected in magnitude and position and only appear more definitely in the diagram the greater the number of children we investigate.

These large oscillations or waves of growth I have termed "growth-cycles," and in the growth of man there are, as I have said, three such cycles superimposed upon one another. Each cycle begins with a period of relatively slow growth, followed by a period of very rapid growth and culminating with the termination of the cycle in a period of slackening growth again. In the case of the first two cycles this slackening of growth is followed by a fresh spurt or acceleration due to the succeeding cycle. In the case of the third or adolescent cycle of growth the period of slackened growth-velocity insensibly merges into the period of stationary development which we recognize as the adult condition. Sometimes, however, this stationary equilibrium is interrupted by a vigorous and abnormal growth, the growth of malignant tumors, which I am inclined to interpret as constituting the superposition of a fourth and physiologically abnormal cycle of growth upon the third and normally final cycle in the development of man.

Not only the growth of man, but also the growth of every mammal which has as yet been carefully investigated consists of three complete cycles of growth. The growth of the guinea-pig at first appeared to consist of only two difficultly distinguishable cycles, but the careful investigations of Read have shown that in this mammal the first growth-cycle is actually completed in utero, instead of being interrupted when half-completed by birth as it is in human beings, which perhaps accounts for the fact that, relatively speaking, guinea-pigs are born in a very advanced condition of physiological development and are able to "fend

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for themselves" within a very few days after birth.

These growth-cycles, so definitely situated in the curve of growth, and so invariable in their occurrence that they may be clearly recognized in the growth of mice no less than in the growth of man, must have some very definite physiological significance, and since growth is, in the long run, a chemical process resulting in the synthesis of living tissues from inanimate materials, these growth-cycles must have a chemical no less than a physiological significance.

We have, then, in each growth-cycle considered by itself, a chemical process which begins relatively slowly and increases progressively in velocity until it is about half completed and then slows off to its termination. The inquiry now immediately presents itself whether any chemical processes of this character are known to occur elsewhere than in the tissues of the growing animal?

As a matter of fact a number of chemical processes of just this character are known to the chemist. As examples we may cite the decomposition of cane-sugar by boiling (neutral) water, the decomposition of castor-oil in the pulverized seeds of the castor-oil bean, the decomposition of methyl acetate by (neutral) water, the oxidation or "tarnishing" of most metals, and the oxidation of a variety of organic materials. All of these diverse processes have this feature in common, namely, that one of the products of the chemical change which is going on has the property of accelerating or "catalysing" the further progress of the change. These processes, in a word, are "autocatalysed" or self-accelerating.

We have all been rendered familiar, during the past two decades of scientific thought, with the conception of "catalysors." The various digestive ferments will immediately be recalled to mind by medical men as instances of catalysors. The catalysors are substances which, when added to a chemical reaction, greatly accelerate it without being necessarily used up in the process. Thus a small concentration of acid enormously accelerates the decomposition of cane-sugar or of starch by boiling water, yet the acid can be recovered unaltered in amount or composition from the mixture after the reaction has been completed, and it may even be used over again to "invert" a fresh batch of cane-sugar. A minute quantity of pepsin or trypsin will enormously accelerate the decomposition of protein by water and the quantity of protein so decomposed may amount to five hundred thousand times the weight of pepsin employed to catalyse the process.

In the ordinary or "typical" cases of catalysis the catalysor is something foreign to the reaction itself, something which is added from without and does not constitute a part of the reacting substances or their products. In an autocatalysed reaction, on the contrary, one of the products of the process is also its catalysor, i. e., the reaction must proceed faster and faster as this product accumulates, until the exhaustion of the raw material or the "back-pressure" of accumulated products forces the process to slacken in speed and finally come to a stop.

The chemical processes which underlie the growth of animals are therefore processes of such a nature that they produce their own catalysors. But if this be so then we are immediately impelled to the conclusion that catalysors of growth exist, i. e., substances which, perhaps in minute proportion and certainly quite independently of their nutritive value, may profoundly modify the growth of living tissues. The question now arises whether any evidence other than evidence of this inferential kind exists of the existence of such catalysors of growth.

The profound significance of the various endocrine organs in the processes of growth will immediately suggest itself to the medical man as affording just the kind of evidence which we seek. We know from abundant chemical experience that disorders of the thyroid, thymus, and especially of the anterior lobe of the pituitary body, are reflected in a profoundly disturbed development of the various tissues of the body. We can hardly suppose that these organs are in reality digestive organs, so that the effects observed may be interpreted as effects of sub- or super-nutrition. The very nature of the effects themselves precludes such a supposition, for while inanition or overfeeding affect all tissues more or less in the same manner, the disorders of the endocrine organs referred to lead to extraordinary disproportion of development, one tissue or group of tissues displaying over-growth and yet another, perhaps, displaying equally marked deficiency of development.

It is among the active principles of certain endocrine organs, therefore, that we have to seek for the catalysors of growth the existence of which the nature of the growth-process itself has led us to infer.

Investigations upon both normal and pathological growth extending over a number of years, which have been conducted in my laboratory, have shown that several substances of slight or totally negligible *nutritive* value are capable, when administered to animals in unusual amount, of profoundly modifying the relative velocities of different types of growth. Such substances are, for example, lecithin, and cholesterol. Now one thing we have noted about these substances is that they are all either substances which are related to fats, or, at all events, substances which are invariably found in tissues associated with fats and sharing their characteristics of solubility in alcohol, ether, chloroform, etc. It thus appears distinctly possible that the various catalysors of growth are to be sought amongst the immense variety of fatty constituents of tissues, and we were especially encouraged in this idea by the recent notable experiments of Hopkins, Osborne and Mendel, McCollum and others, all of whom agree in affirming that normal growth is unattainable on a diet which is totally free from fatty constituents, no matter how great an abundance of other classes of foodstuffs may be supplied.

Pursuing these various lines of reasoning I accordingly took up some three years ago a rein-

vestigation of the influence of administration of the tissue of the anterior lobe of the pituitary body upon the growth of animals, choosing as my experimental material the white mouse. I found, as all my predecessors in this field, Aldrich, Schafer, Maxwell, Wulzen and others had found that the administration of anterior lobe tissue of the ox to young white mice at the beginning of the third (adolescent) growth-cycle resulted in marked retardation of growth. I also found, as Schafer and Wulzen had also previously observed, that at a later stage of growth this retarding effect was succeeded by decided acceleration of growth.

At the same time I undertook the attempt to isolate the active or growth-controlling constituent of the anterior lobe and, recollecting the fatty nature of the previously identified catalysors of growth, I sought for the active principle among the fatty constituents of the gland.

Among the alcohol-soluble constituents of the anterior lobe of the pituitary body I soon found one which was immediately distinguishable from all other fatty substances hitherto known by its remarkable composition and solubilities. This substance, which I have named Tethelin, is soluble in alcohol and in ether but is distinguished by the peculiarity of being almost totally insoluble in a certain definite mixture of the two. It is a fatty substance, since it yields soaps of fatty acids when decomposed by alkalies, yet it is soluble in water to the extent of about five per cent. It contains nitrogen and phosphorus just as lecithin does, but the proportion of these two elements is P : N = 1 : 4, instead of 1 : 1, as in lecithin. On decomposition by alkalies it yields a sweet crystalline substance which is not sugar but a substance superficially resembling sugar and representable by the same percentage-formula, namely Inosite or hexahydroxy-benzol. It is present in the glands in quite notable amounts, each gland yielding about ten milligrams of the dried substance.

Such a remarkable substance, present in such notable amounts in an endocrine organ, necessarily falls under suspicion of being the active principle of the gland or at all events closely related thereto. I accordingly undertook a series of experiments in which Tethelin was administered in dosages of 4 milligrammes per day to a large number of mice and their growth was compared with that of a large number of similar mice receiving normal diet and with that of the pituitary-fed mice to which reference has already been made.

The results of this experiment were perfectly definite and unequivocal. The effects of the administration of Tethelin were identical in kind with those obtained as a result of administering whole anterior lobe tissue, but since the dosage of Tethelin administered to the Tethelin-fed animals was large in comparison with that received by the pituitary-fed animals, the effects obtained with Tethelin were quantitatively much more marked than those obtained with fresh pituitary tissue. They consisted in the first place in marked retardation of growth in weight, succeeded by acceleration, but the retardation and acceleration were each so marked as to lead to a total distortion of the normal form of the growth diagram. These animals yielded a diagram which strongly suggested that one effect of the administration had been to enormously magnify and prolong the second growth-cycle and to delay and curtail the third. Recent very extensive experiments by Dr. Delprat in this laboratory upon the effects of Tethelin upon the growth of very young mice have lent encouragement to this view of the effects of administering Tethelin to older animals, for she has found that when Tethelin is administered to mice at the beginning of the second (two weeks of age) instead of the beginning of the third growth-cycle (five weeks of age) the growth of the young animals is accelerated instead of being, as in the older animals, retarded. Only with the onset of the third or sexual cycle of growth does the characteristic retardation occur and the growth which thereafter takes place appears to be, for some time at least, rather due to the continuation and magnification of the second than to the initiation of the third growth-cycle.

Evidently the growth of certain tissues or types of tissue is accelerated by Tethelin, that of other tissues or types of tissue being retarded, perhaps through the unequal favor extended to different tissues, through the operation of the Tethelin, in the competition for nutriment or possibly, on the other hand, to a specific retarding influence of Tethelin upon certain tissues, just as pronounced as its accelerative action upon other tissues. We are not yet in possession of sufficiently numerous or sufficiently definite facts to enable us to decide between these alternative possibilities.

Decisive as were the effects of administration of Tethelin upon the total growth of mice as expressed in weight, the effects upon their form and general appearance were much more marked. The animals which had received Tethelin were remarkably firm and solid or "stocky" in build. At the age of one year a normal male mouse has a loose and somewhat angular frame and outline, and his coat is beginning to lose the luster of youth and to become wiry, "starving" and discolored. The animals which had received Tethelin, on the contrary, had at the same age firm and rounded outlines and glossy, silky coats. We were continually surprised, in our weekly weighings of the animals, to find that animals which were relatively small in linear dimensions would weigh just as much as considerably longer normal animals of the same age. It was as if the body framework of the Tethelin-fed animals had "set" at an early age, so that the subsequent accretions of tissue had to be packed into a smaller space. Unfortunately time and opportunity have hitherto been lacking to undertake the investigation of the sequence of events in the epiphyses of the bones following administration of Tethelin to young animals. Such an investigation would yield very desirable information, but in any case the facts which I have recounted will serve to convince you, were that indeed necessary, that the picturesque fantasies concerning Tethelin with which aesthetes of the press have recently adorned their pages are

totally devoid of any foundation in fact, or, it may be added, in information supplied.

The superior development and nutrition of the skin consequent upon the administration of Tethelin is suggestively reminiscent of the hypertrichosis which is so familiar an accompaniment of hyperfunctioning of the pituitary body in man. It is furthermore of interest to note that Dr. Burnett and I have found that Tethelin, as also fresh anterior lobe tissue, also accelerate very decidedly the growth of another epithelial tissue, namely the Flexner-Jobling carcinoma in rats.

The fact that Tethelin accelerates the development of certain tissues and particularly the development of certain epithelial tissues, led me to entertain the hope that Tethelin might hasten the repair of wounds, and particularly of lesions involving a large loss of epithelial tissue. Experiments upon mice abundantly confirmed this supposition. Small pieces of skin were excised by means of a small instrument akin to a ticket-punch. Tethelin was administered hypodermically, at a point remote from the lesion, in relatively large doses (10 milligrammes) every third day. The results were very striking. At the end of three days in the control animals the cavities of the wounds were incompletely filled with granulation tissue; the area of the lesions was not contracted and the edges were in several instances inflamed. In the *treated* animals, on the contrary, all of the wounds were completely filled with granulation tissue, the area of the lesions had markedly contracted and no swelling was observed at the edges of any of the wounds.

At the end of six days in the control animals the cavities of the wounds were now completely filled with granulation tissue and the area of the lesions had begun to contract. In the treated animals, on the other hand, the granulation tissue had already and in every instance been completely replaced by white cicatricial tissue.

At the end of ten days the wounds in two out of ten control animals were still filled with granulation tissue, the granulation tissue having been replaced by scar tissue in the remainder. The condition of the wounds in the treated animals remained of course unaltered.

These preliminary results encouraged me to hope that this substance might prove of importance in military hospitals as a means of accelerating the repair of slowly healing wounds and thus not only alleviating a certain measure of suffering and some cases positive danger to life, but also, looking at the matter from the less important point of view of merely military expediency, by shortening the expensive period of residence of a certain percentage of cases in military hospitals and in some measure increasing the percentage of effectives available for return to active service, it appeared possible that this substance might prove to be of distinct and very immediate importance.

In attempting to accelerate the healing of wounds at least three very different types of treatment may be employed, each having its own important sphere of utility. The first and most generally applicable treatment is that which aims at procuring and maintaining asepsis in the injured and adjacent tissues. To this end the most effective efforts of surgeons have been chiefly directed and important results have been achieved in this direction in the course of the present war, conspicuous among which is the Carrel-Dakin method of irrigating wounds with fluids of which chlorine is the essential antiseptic principle. Infected wounds of the type most effectively treated by this and similar methods not uncommonly lead to trouble, not so much through delayed as through too rapid healing which encloses the infection and prevents access of disinfecting agents or the drainage which is essential to the health of adjacent tissues. After rigorous asepsis has finally been attained then rapid healing becomes a prime desideratum and the antiseptic solution hitherto employed is of little or no service in attaining this end, and in fact in some cases may actually contribute towards delaying its attainment.

A second method of approaching the problem is that of inducing hyperæmia and an abundant flow of lymph in the injured part, thus increasing the supply of nutrition to the regenerating tissues and also in some measure, possibly, assisting the attainment of asepsis through the promotion of phagocytosis. This type of treatment has been especially advocated by Sir Almroth Wright and has been employed with success in the treatment of casualties resulting from the present conflict.

The method of treatment which I propose is, however, totally different both in principle and application from either of the above. It does not aim at supplanting either of them but rather at supplementing them and assisting in the completion of the repair rendered possible or initiated by the methods now in use. The type of treatment which is contemplated in the use of Tethelin consists essentially in the local application of a specific catalyser of epithelial growth and the growth of bones; a substance, that is, which is effective not by virtue of attaining or assisting in the attainment of asepsis, nor by contributing to the nutrition of the injured tissues, but which by specifically accelerating the chemical processes which underly the growth and multiplication of the tissues concerned, improves and renders more rapid and effective the utilization of such nutritive materials as may chance to be available. It is obvious that this method of treatment may be utilized in conjunction with either or both of the methods now in use, and furthermore, that it is applicable to certain types of lesion in which healing is very greatly delayed despite the fact that the tissues affected may actually be aseptic.

During the past ten months a very considerable quantity of this material has been dispatched to Europe for trial in military hospitals. These clinical experiments are still proceeding and the surgeons who are conducting them are not yet ready to publish their findings. I am in receipt of reports which are not final and which when completed will in due time be published by those who have these investigations in charge. Without any breach of confidence I may, however, state that

results of a favorable character have attended the use of Tethelin for the purpose outlined, both in this country and in Europe.

Very careful investigations by Dr. C. L. A. Schmidt have shown that Tethelin is non-antigenic and does not sensitize to subsequent doses. It may therefore be repeatedly administered with impunity. It can be prepared aseptically and, when dry and packed in evacuated tubes, may be heated to 80° Centigrade without causing decomposition. When the tubes are opened, however, allowing access of air and moisture, the substance decomposes rather rapidly, and especially so if heated.

Tethelin is devoid of the action upon the uterus which is characteristic of posterior lobe extracts. Dr. C. L. A. Schmidt has recently shown, however, that if Tethelin be subjected for a brief period to the action of strong acids or alkalies it decomposes, setting free a substance which has the same actions upon the isolated uterus and upon blood pressure as an extract of the posterior lobe. This finding would appear to lend confirmation to the suspicion long held by anatomists that the posterior lobe derives its active principle from the decomposition of a material furnished by the anterior lobe, and Tethelin may very possibly play the dual part of the active principle of the anterior lobe and the raw material for the manufacture of the active principle of the posterior lobe.

It has recently been shown by Motzfeldt [1] that Tethelin exerts an action in checking artificially induced polyuria, identical with that which is exerted by whole anterior lobe extracts.

# Original Articles

## UROLOGICAL PROBLEMS.*

### The Chairman's Address.

By VICTOR G. VECKI, M. D., San Francisco.

There was a time, and not so very long ago, when urology was considered to be a parvenu amongst the medical specialties. This time, however, is gone for good, and our specialty is occupying its proper place definitely. Some of our shining lights seem to think that the receiving of urology into polite medical society circles was simply due to the circumstance that the original genito-urinary surgeon became a urologist, and the kidney, the ureters and the bladder were given all the prominence while the genitalia proper, their contagious and other pathological conditions were ignored or at least soft-pedaled.

Some of the men who lived a long time ago will easily remember the time when the armamentarium of the most prominent physicians consisted of pen and ink, their library of a few musty old books, and when the surgeon and the obstetrician were considered menials. With the advent of antisepsis and asepsis, however, the medical world was brought to worship at the shrine of the great surgeons who were competent to perform a laparotomy. But the great surgeons began to multiply with appalling rapidity until "everybody was doing it." Frequently the surgeon was separated from the operator, consequently surgical technique detached from surgical diagnostic and sound judgment. And medical science kept on advancing with gigantic strides until at present even the wisest hardly can claim to know it all. New specialties become necessary, and the evolution of medical practice undoubtedly must lead to group study and group diagnostic for all complicated cases. And who can always tell which case is simple and which one is complicated? Surely not the man who directly from college steps into some convenient specialty. Any carpenter can build a log cabin, but for the erection of a modern building an able and experienced architect is needed, and surely each diagnostic group of various specialists must be guided and directed by a real and true physician.

The rapid progress in the conception and the understanding of the pathology and therapy of the various genito-urinary conditions on one hand, and somewhat the desire of some people to take it easy and to be satisfied with what they really can do, and sometimes only think to be able to do, gradually leads to specializing in the specialty itself.

The genito-urinary surgeon cut loose from the dermatologist almost 25 years ago; recently the syphililogist is being dropped, the genitalist is just tolerated, and the venereologist can obtain a hearing only when the treatment he advocates consists of a heroic, if not emasculating surgical operation.

The ardent desire to appear respectable threatened at one time to establish a class of ostensible and specious specializers in the ranks of urologists. At first they were greatly admired because they were able to perform admirable artistic feats in very rare pathologic conditions; on closer examination, however, they lost most of their luster, because they and their pupils were sorely defective when confronted with the commonest every day urological ailments.

We must come to the conclusion that urology has reached a stage of development where pretentiousness is not necessary and, as usual, does not help; that urology also has reached a stage of development, creating conditions under which only a man of profound knowledge of medicine in general can make proper use of special urological training.

We may emphasize once more that urology being fully accepted and recognized, that the modern urologist is justified in avoiding the lure of snobbish ostentation, and may, without any fear or apprehension as to his standing, settle down to every-day usefulness and common sense.

Were we to judge by recent urological publications we would be led to believe that man's sexual capacity is of little importance, and it also may seem that sexual vigor is less in demand. Careful examination in every single case, however, will convince us quickly that it only seems

[1] K. Motzfeldt. Journ. Exper. Med. 25 (1917), p. 153.

* Read before the Urological Section of the California State Medical Society at San Diego, April 17th, 1917.

to be so, and, that in reality, and in spite of all the displayed puritanism, no change took place in that respect since the time it is said Adam and Eve lost the paradise.

The physicians and surgeons have a sort of *jus gladii* and to a certain extent absolute right over death and life. Not only criminal carelessness, but also a slight mistake, an error in judgment, may imperil or end a patient's life. The modern physician is fully conscious of his responsibility, and practices the *"non nocere"* most conscientiously. The genito-urinary surgeon is confronted frequently with conditions in which carelessness, a mistake, an error in judgment, may imperil or destroy a patient's sexual power, and the principle of the *"non nocere"* surely ought to reign supreme.

The training of every genito-urinary surgeon ought to be such that he be always in the position to give the benefit of the doubt to whom and where it belongs.

Knowledge and experience engender doubt. "When you doubt, abstain," was Zoroaster's teaching. "If you are in doubt," said Talleyrand, "whether to write a letter or not—don't." Bulwer thought that this advice applies to many doubts in life besides that of letter-writing. Surely every one must acknowledge that it applies most urgently when we are in doubt in regard to the indication of any operation that jeopardizes a man's sexual capacity. The golden rule, if observed at all, would compel the surgeon to ask himself: Would I, if afflicted as this patient is, demand or even suffer such an operation? The layman-patient's wishes, his desperate impatience, should never be taken into consideration, and if there is the slightest doubt, the benefit of this doubt must be given to the patient.

When the genito-urinary surgeon is consulted by a candidate for marriage, and there is cause for even so slight a doubt, the benefit of this doubt must invariably be given to the future wife.

When we are confronted by any initial lesion arousing the slightest doubt that it might be syphilitic, without hesitation the patient must be given the benefit of a full dose of Salvarsan. This therapeutic measure will immediately serve as a diagnostic measure, may save the patient a great deal of misery, can never do any harm, and blood examinations will clear up any doubt that may arise in the future.

There are only two conditions in which the genito-urinary surgeon is fully justified in giving the benefit of the doubt to himself; the one is when there is any doubt in regard to the fee, and the other when the promoter, glib of tongue, approaches with some proposition of brilliant investment.

While it is necessary and exceedingly useful to study and make clear even the rarest pathological conditions of the genito-urinary tract, it must not be forgotten that there are many other problems of great importance to which so far our special fraternity has given but scant attention. There seems to be a trend to continue on outlined paths, and to keep on to swear by the *verba magistri;* life seems to be too short to bother with some momentous, but intricate questions. Freudian teachings for instance,—we must acknowledge, a hard nut to crack,—are mostly ignored, misinterpreted and seldom properly understood; psychotherapy with its enormous possibilities hardly gets any attention, and it is almost incredible how little consideration is given to endocrinology and organotherapy.

Until recently organotherapy was conducted on empirical lines; fake manufacturers and quacks have brought it into disrepute, but organotherapy is being rapidly redeemed and re-established in the esteem of the medical profession, by careful endocrinologic studies.

The genito-urinary surgeon is the least able to afford to ignore the advantages to be gained and the possibilities in store.

Many and many a case of so-called sexual neurasthenia which refuses to be influenced by prolonged, useless and frequently senseless local treatments, will yield most rapidly to a judicious use of thyroid or pituitary preparations. If any one, however, armed only with the knowledge gathered from the manufacturers' literature, begins to prescribe some kind of tablet to be taken three times a day he must not expect much, and though the patient may deserve sympathy, the physician is hardly entitled to any success.

Careful discrimination in regard to the preparation itself, in regard to the various indications and in regard to dosage are the indispensable conditions of success.

On the hand of the few positive facts, which have been established so far, we know that thyroid medication is frequently indicated in enuresis; we know that enuresis and sexual under-development and sexual weakness are mostly going hand in hand, that thyroid insufficiency and sexual vigor never go together. We know that the use of the extract of the posterior lobe of the pituitary gland increases diuresis and raises blood-pressure by vasoconstriction. We know that even partial removal of the anterior lobe causes obesity, polyuria, glycosuria and greatly impairs the sexual function. Experiments on animals have shown that the anterior lobe is responsible for the growth and rapid sexual development; experimenters at the Johns Hopkins Hospital came to the conclusion that the posterior lobe principle is exceedingly toxic while the anterior lobe principle is tolerated quite well by experimental animals. We know also that the adrenals have a stimulating influence upon the sexual glands.

Experience teaches us that glandular insufficiency is sometimes responsible for aggravated cases of anemia and the intractability of cases of syphilis.

In view of all these facts we surely have a right to advise the genito-urinary surgeon to pay more attention to organotherapy. If results are to be obtained the patient must be carefully watched, the dosage depending to a great extent upon the weight and the influence the remedy has upon the blood-pressure. It is easier to treat intelligent patients because they can co-operate by

observing effects and results, though it is always necessary to guard against suggestion.

There is an unlimited array of important questions to answer and perplexing problems to solve in organotherapy based on properly studied endocrinology. We must ask ourselves why so little consideration is given to the immense possibilities of Lydston's trasplantation of sexual glands. Here surely we have a procedure that is worthy of the best efforts of the best amongst the genito-urinary surgeons.

The contributions of urology to the advancement of medicine in the direction of becoming an absolutely exact science are enormous; but much is asked of the one who gives much, and therefore the modern genito-urinary specialist must broaden his field, consider everything worthy of consideration, thus avoid one-sidedness and shun a snobbish ignoring of the most vital question in human life.

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## SURGICAL TREATMENT OF SEMINAL-VESICULITIS.*

By ARTHUR B. CECIL, A. B., M. D., Los Angeles.

The part played by the seminal vesicles as a seat of chronic infection has until recently practically escaped the attention of the surgical world and it is only now that urologists are in the midst of solving, not only the pathology, but even the physiology of these organs.

Considering the very great frequency of gonorrhœa and the recognized high percentage of cases of prostatitis and epididymitis attending gonorrhœa, seminalvesiculitis must be of very frequent occurrence. It is almost inconceivable that epididymitis could occur without an attending seminalvesiculitis, likewise that the prostatic ducts should be invaded and the ejaculatory ducts leading to the seminal vesicles escape. That seminalvesiculitis is a very common disease one need only satisfy oneself by thorough routine urological examination. A large majority of the cases attending or following gonorrhœa probably spontaneously recover or produce no symptoms, but everyone is familiar with the type of case which does not recover and who for years presents a host of symptoms resisting every type of treatment. In fact, treatment in some cases seems only to make matters worse and it is conceivable that massage of a walled-off inflamed vesicle, with no outlet for drainage, might indeed aggravate the condition so that these cases should not be too quickly relegated to the group of neurasthenics. It is in this type that surgical treatment must be considered.

The anatomy of the seminal vesicles has been recently investigated by Picker and by Thomas and Pancoast. The formation of these organs is found to be extremely variable and complicated. Attempts have been made to classify them but classification seems only to bring to mind the complexity of their formation. They have been grouped as: (1) Simple straight tubes; (2) thick twisted tubes with or without diverticula; (3) thin twisted tubes with or without diverticula; (4) main tube straight or twisted with larger grape-like arranged diverticula; (5) short main tube with large irregular ramified branches; (6) miscellaneous, comprising (a) embryological abnormalities and (b) pathological conditions.

The capacity of the seminal vesicles varies from three to eleven and a half cubic centimeters and they measure in length from six to twenty-three centimeters. Thus it is seen that the seminal vesicles possess a most extensive secretory surface, are frequently exposed to infection and yet when infected, from their very formation, present an extremely poor possibility for drainage. It is possibly true that the various diverticula and branches of the seminal vesicle ramification can be singly closed off so that parts of the seminal vesicles may be filled with pus walled off and yet a very considerable portion be left more or less unaffected.

While gonorrhoea plays an undoubted large part in the original infection of the seminal vesicles and may in many cases persist as a source of danger of extending gonorrhoeal infection, it is also true that perhaps the gonococcus is in a great majority of cases subplanted by other bacteria. In the cases of chronic seminalvesiculitis persisting for years the offending organisms are most frequently the staphylococcus, the streptococcus and the colon bacillus.

The bacteriology of the seminal vesicles has not been well determined for the reason that practically the only way of determining this is by examination of the secretion obtained at operation and as yet nothing has been published on this work. It is evident that secretions obtained by massage of the seminal vesicles is practically always contaminated by bacteria from the urethra and even could this possibility of contamination be ruled out it would be almost impossible to rule out the possibility of contamination from the often attending chronic prostatitis. The study of the seminal vesicles after death, such as was recently undertaken by Thomas, was not conclusive because of the known frequency of post-mortem infection. In the future it is my purpose to make cultures at the time of operation in all seminalvesiculotomy and seminalvesiculectomy cases. There is another point, however, in this connection and that is that while a large majority of cases of seminalvesiculitis are probably secondary to a Neisserian infection the gonococcus is not necessarily the primary source of all cases of seminalvesiculitis for as is well known chronic prostatitis is by no means always secondary to a gonorrhoeal infection.

The symptomatology of seminalvesiculitis is many times obscured by the often attending chronic prostatitis, but there are groups of cases which I believe to be sufficiently well defined to allow of a definite classification. First there is a group, not large to be sure, but of vast importance on account of the suffering produced, in which there are recurrent attacks of cystitis directly dependent upon a chronic inflammation of the seminal vesicles. As a cause of chronic cystitis in men so far as I know the seminal vesicles have rarely

* Read before the Southern California Medical Society, Redlands, California, May 3, 1917.

if ever been seriously considered, and yet from the study of my cases I am thoroughly convinced that there are cases of persistent cystitis which are directly dependent upon the seminal vesicles and which continue to persist until treatment is directed toward these organs. So that in men presenting chronic cystitis it is not alone sufficient to rule out the question of infection of the kidneys and the cases of mechanical obstruction and intravesical causes, but it is also necessary to thoroughly investigate the seminal vesicles. While the seminal vesicles have long been regarded by many as capable of bringing about many disturbances of urination they have practically not been considered as a source of chronic cystitis.

The first case of this kind that I observed was in July, 1914. A man aged thirty-six was admitted complaining of attacks of burning urination lasting for about a week at a time and recurring about every five weeks extending over a long period of time. The previous history of this case is of great interest. Sixteen years before admission he had had gonorrhoea which lasted for two months and then apparently entirely cleared up. Four years later he had another attack of gonorrhoea in which the discharge persisted for two years. Following this he had twelve recurrences of gonorrhoea; the last attack was two years before admission. Now for a year and a half there had been recurrent attacks of frequent burning urination. In brief, examination showed a urethral discharge containing many pus cells but no intracellular diplococci. The urine showed an enormous number of colon bacilli and many pus cells. The left globus major of the epididymis was slightly indurated. The prostate was generally indurated to a moderate degree and near the upper right border was an area of induration about one centimeter in diameter. A note made at that time stated that the striking thing about the rectal examination was the great thickening and engorgement of the seminal vesicles so that they stood out like the distended fingers of a glove. The secretion obtained by massage of the seminal vesicles was practically all pus. The bladder was studied in great detail for the question of contracture of the vesical neck for intravesical causes of cystitis. No cause for the persistent cystitis was found in the bladder nor in the urethra. The kidneys were studied and found to be normal in every respect. I was forced to the conclusion that the recurrent attacks of cystitis in this case were secondary to the inflammation in the seminal vesicles. The seminal vesicles were massaged every other day for a period of about eight weeks and although this has now been almost three years no attacks of cystitis have occurred. I might say that the urine very quickly became clear and has remained clear.

Case II. A man fifty years old was referred to me by Dr. Braasch, of the Mayo Clinic, on August 29, 1916. This patient complained of burning across the front of the bladder, burning between the legs and spells of very marked frequent burning urination. His first trouble began nine years before admission with pain which seemed to be in the right side of the bladder deep in. This pain was aggravated when the bladder was full. At times there would be attacks of frequent urination and then there would be intervals of a month or so when he would feel perfectly well. There was no history of venereal disease. Three years before admission he began treatment and kept it up almost continuously in various ways. The seminal vesicles were massaged, the bladder was treated by installations, the posterior urethra was fulgurated and various procedures were carried out. Two years before admission he went to the Mayo Clinic. Dr. Braasch found the kidneys normal, no intravesical cause for his cystitis. My examination, which included a thorough urological study, confirmed the findings previously made out by Dr. Braasch, no intravesical cause for the cystitis, negative findings from the kidneys. He was treated by me in various ways for several months but the bladder condition continued about the same. Exposure of the seminal vesicles, on April 4, 1917, showed almost practical obliteration of the left seminal vesicle by scar tissue and on the right side the seminal vesicle was embedded in a very marked perivesicular infiltration.

There are other cases of this type which I could report but I will not take up your time with case reports. I think it is only necessary to again emphasize that in men the seminal vesicles must be considered as an etiological factor in a persistent chronic cystitis. As to whether the infection of the bladder is brought about by an extension from infection of the posterior urethra or directly through the vesical wall from the seminal vesicles or as to whether the inflamed seminal vesicles only render the bladder susceptible to bacterial invasion independent of direct infection I am not prepared to say, but in as much as the normal bladder is difficult to infect with bacteria I am rather inclined to believe that the close lying inflammation of the seminal vesicles in lowering bladder resistance is of great importance.

The effect of seminalvesiculitis on the sexual function is not clear. It is not even definitely settled that the seminal vesicles are receptacles for the testicular secretion. Thomas and Harrison, of Philadelphia, in their study of post-mortem cases came to the conclusion that the seminal vesicles probably did store up spermatozoa during life, but were not convinced of this. Spermatozoa were found in many cases at death. Besides acting as reservoirs for the spermatozoa, which they probably do, the seminal vesicles elaborate a specific albuminous secretion which belongs to the group of histones. The function of this secretion is not known.

It is probable that inflammations of the seminal vesicles have to be considered in the question of sterility. When it comes to the consideration of the sexual function in the sense of sexual power and sexual desire the whole physiology of this function is so obscure that nothing definite is known as to the part played by the seminal vesicles. Impotency has apparently followed operations on the seminal vesicles but how often is not known. It is very difficult in this connection to rule out physical impressions. The pain symptoms of seminalvesiculitis are very variable and at times

the most distressing of any. There are undoubtedly cases in which men suffer for years with the most excruciating persistent pains in the back and in the perineum which are directly attributable to inflammation of the seminal vesicles.

In regard to the role played by the seminal vesicles in systemic infection there can be no doubt. Aside from the cases of gonorrhoeal arthritis which are almost undoubtedly in many instances kept up by a persistent seminalvesiculitis there are various other types of chronic arthritis and deteriorating changes in the general health, cardio vascular, etc., which are dependent upon a chronic persistent inflammation here located.

Chronic inflammation of the seminal vesicles has been attacked surgically by four different methods, namely: Vasopuncture, with spermatocystic medication, vasostomy with drainage of the vesicles through the vas, vesiculectomy and vesiculotomy. Vasopuncture, that is, to pick up the vas in the groin and to inject the vesicles and ampulla of the vas through it has proven to be of quite considerable value. It has the advantage of being extremely simple to carry out. The various preparations of silver have been used. Collargol ten per cent., protorgol one-half to one per cent., silver nitrate one to two per cent., silver iodid emulsion five per cent., etc. This method of treatment has been used by Belfield rather extensively and more recently by Thomas, Caulk and others. Its limitations are evident. In the first place, it is evidently of no value if the vas is occluded. It is questionable as to whether it should be used if the ejaculatory duct is occluded and must necessarily fail in cases in which infection is walled off in a part of the seminal vesicle or is located in a walled-off diverticulum of either the ampulla of the vas or the seminal vesicle. It has never seemed to me that vasostomy, that is drainage of the seminal vesicle through the vas, could prove very efficient and the same objections are offered against this procedure, that is, it must be worthless if the vas is occluded nor can it be of any value in bringing about drainage of a walled off inflammatory mass in the seminal vesicles. As to whether the vas is or is not occluded, or as to whether various areas of the seminal vesicles are walled off or not a fair amount can be determined by injecting the seminal vesicles through the vas and making a skyograph. In cases of seminalvesiculitis which seem to persist in spite of massage it is of very great diagnostic value for it is evident that if the ejaculatory duct is occluded on one side or both massage of the seminal vesicles must be worse than useless. Very little has been done in the way of catheterization of the ejaculatory ducts.

A more important consideration has recently come up in the surgery of the seminal vesicles, namely, the comparative value of seminalvesiculotomy and seminalvesiculectomy in chronic seminalvesiculitis. While undoubtedly seminalvesiculotomy has value as a surgical procedure it is very doubtful as to whether it is any more conservative than seminalvesiculectomy so far as preserving the seminal vesicles is concerned, and if the seminal vesicles are preserved it is probable that the infection is not cured. I am inclined to believe, that of the more extensive operative procedures that are undertaken on the seminal vesicles, that seminalvesiculectomy is the operation of choice. These operations have been condemned as being very extensive and as being extremely difficult. They are not by any means difficult and as I have said before should not be undertaken except in a case where the seminal vesicles are very definitely at fault and perhaps have already practically been destroyed by inflammation or the general health has suffered a very great deal by their presence.

In the exposing the seminal vesicles I have followed Young's technique, which is very little different from the tenchique first described by Young for exposing the prostate. This method of exposure is now almost universally employed in seminalvesiculectomy and seminalvesiculotomy except for a few minor variations which have been devised for bringing the prostate and seminal vesicles down. Thus instead of Young's tractor, which does no injury to the prostate or seminal vesicles, other operators have employed a suture through the prostate and base of the bladder as a method of traction, while still others have used an instrument of fork-like arrangement. Neither of these methods gives an exposure which is as satisfactory as one can obtain by Young's tractor, and they have the objection of tearing the prostate. It is also a very great satisfaction to be able to palpate on the instrument in the bladder and to be able to rotate first one seminal vesicle into view and then the other when Young's tractor is used.

The position of the patient on the table is very important. It is necessary to have a very marked exaggerated lithotomy position so that the buttocks are almost parallel with the floor. Young has long insisted upon this position as a requisite to a proper entrance to the perineum. A sound is passed into the bladder after the patient has been cleaned up and held by an assistant. An inverted V-shaped incision is made in the perineum through the skin and subcutaneous fat. The position of this incision is so that its apex is about an inch and a quarter in front of the anus and the limbs of the incision extend out a little median to the ischial tuberosities. The finger is passed down by blunt dissection on each side of the central tendon into a natural fossa which lies back of the triangular ligament and between the transversus perinei muscles and the levator ani. The central tendon is now divided just back of the bulb and the rectourethralis muscle is cut, allowing the rectum to drop back. This brings one right to the apex of the prostate. By using the back of the knife handle and working always on the membranous urethra and prostate the fascia of Denonvillier can be brought into view as a glistening membrane. When this has been exposed the sound is removed from the urethra. Young's seminal vesicle tractor is passed into the bladder and opened. Traction is then made downward and forward by this tractor. One is astonished how far anteriorly the prostate is immediately brought. If the right line

of cleavage has been located, that is, the line of cleavage between the two layers of the fascia of Denonvillier, the rectum strips back with the greatest of ease and the seminal vesicles are very quickly brought into view. I wish to state here that the vesicles are by no means in a dark field and when properly exposed should be almost on a level with the skin surface of the perineum. This is accomplished without any undue tension on the tractor. The fascia of Denonvillier is now opened on each side just over the seminal vesicles and they can either be opened up and cauterized with carbolic acid or can be picked up at their tips and easily removed. It should be remembered, however, that the ampulla of the vas presents small diverticula not far different from the diverticula of the seminal vesicles, and it is believed that in practically every case, whether the seminal vesicles are removed or not, the ampulla of the vas should be drained.

Bleeding following seminal vesiculectomy is only very slight and the shock of the operation so little as to be astonishing. As a rule the wound should be healed thoroughly within two weeks.

Some operators advise the insertion of a rubber tube into the rectum after the operation has been completed and the use of opium pills to prevent the bowels from moving for four or five days. From my experience with Young's perineal prostatectomy and with a limited number of seminal vesiculectomies I am thoroughly convinced that the rectal plug only causes discomfort to the patient and is more likely to produce a rectal fistula than not and should not be used. It has been our custom to give castor oil on the second day, as it adds a good deal to the post-operative comfort and convalescence.

The operation of seminal vesiculectomy is extremely simple but should not be undertaken unless one is thoroughly familiar with the technique of Young's perineal prostatectomy and with the anatomy of the perineum.

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## MONGOLISM.*

By RACHEL L. ASH, M. D., San Francisco.

The term *Mongolism* denotes a congenital state of mental deficiency, whose most marked characteristics are certain resemblances to the Mongol race.

The first definite description of this condition was given by Langdon-Down, in 1866; Shuttleworth added many important observations; while Telford-Smith, in 1896, developed mongolian imbecility into a clinical entity.

Mongolian imbeciles are found in all countries, and form from 3 to 5 per cent. of the feeble-minded in institutions. As the great majority of mongols die in early childhood, the actual number must be much greater, the institutional statistics representing merely the survivors.

### PATHOLOGICAL ANATOMY.

The result of autopsies has been disappointing; more knowledge has been obtained by clinical study.

*The Head.* The head is distinctly micro-brachycephalic; the circumference is small; the vertex, low; the antero-posterior diameter is less than the transverse. Occasionally the shape is complicated by rickets, hydrocephalus, etc. The perpendicular frontal bone is parallel to the occiput. Usually the malar bones are prominent. The base of the skull is small; the pharyngeal vault is low and narrow, and the nasal cavities are diminished in size.

*The Long Bones.* The long bones show nothing characteristic except that they do not grow to the length of these bones in normal individuals. This accounts for the dwarfism of this type.

*The Hand.* The hand is the most remarkable feature of the mongol skeleton. The metacarpus is small; the metacarpal fingers are short and thick, but tapering toward the extremities. The thumb and little finger are very short. The little finger is incurved toward its neighbor, its tip seldom reaches to the middle of the second phalanx. It is known as the Telford-Smith finger. The X-ray shows a very small second phalanx, frequently with a change in the size and shape of the distal phalanx. The time of ossification is normal; occasionally, it may be premature.

*The Brain.* Much time has been consecrated to the study of the brain, but the results of all investigations may be summed up thus, to quote from Vogt: "While many cases reveal normal findings, in the majority of the cases are seen: lack of development of entire cerebral lobes, or portions of these, such as single convolutions, abnormal smallness of single lobes, the pons, the medulla, the cerebellum, and, lastly, delayed, undeveloped cerebral gray and white matter. All these point to an impeded progress in the last stage of foetal development."

Many changes have been observed in the ear, heart, and intestines, but these are common in other defectives and do not deserve special mention here.

No constant variation from the normal has been found in the anatomical study of the ductless glands.

### CLINICAL FEATURES.

The appearance of the mongol is typical. The main features are noticeable at birth,—the small head, the slant eyes, the saddle nose, the thick, protruding tongue; the child nurses with difficulty. As he grows older, other characteristics make their appearance. Very characteristic is the lack of tone of the muscles, permitting the child to assume many unusual and normally impossible positions with its limbs. The hands with the short thickened fingers, the protruberent abdomen, the inability of the child to sit up, the late appearance of the teeth, the sucking tongue, the absent speech, and the lack of interest in its surroundings early call the attention of the mother to an unusual

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* Read before the Forty-sixth Annual Meeting of the Medical Society of the State of California, Coronado, April, 1917.

condition in her offspring. Since the capacity for inspired and expired air is diminished, the respirations are shallower and more frequent than normal. The area of mucous membrane is diminished, and, aided by the protruded tongue, it becomes insensitive; consequently, infections are frequent. Chronic coryza, bronchitis and blepharitis are the rule.

The hair is usually sparse and is always straight. There is no constant peculiarity in the shape of the ears. The face is striking. It is round and often flat; the cheeks are inclined to be chubby and are often flushed. The forehead is usually of good shape and is not as wrinkled as that of the cretin. The nose is short and flat; the bridge, broad and sunken; the overlying skin is lax and frequently extends over the eyes for some distance as epicanthic folds, thus giving an appearance of increased distance between the eyes. The eyes appear small owing to the narrowness of the palpebral fissure, which is still further characterized by an oblique slant which originally suggested the name *mongolism*. The mouth is small, and is usually kept open to protrude the large, coarse, dry and fissured tongue.

The skin is generally rough and dry, thickened and mottled. The forehead, cheeks, neck and back of hand often suggest myxoedema.

Secondary sexual characteristics develop late. Frequently the testes are undescended and the menses much delayed. Pregnancy in a mongol is unknown, although other classes of low-grade defectives have borne children.

The haemoglobin is normal, and the cellular elements present nothing unusual. The blood pressure is generally 50 to 80 mm., below the average for the age. Extensive work has been done on the metabolism of mongols. The sugar tolerance is high; the Ca and P output in the urine and faeces is much increased.

The mongol is always undersized. Even if at birth the child is of normal weight and length, after the third year the rate of growth diminishes. At ten years of age he is 2½ to 4½ inches shorter than normal. As is to be expected from the lack of tonicity of the muscles, the child balances himself with difficulty and begins to walk very late, as a rule between the third and fourth year.

In the nervous system, aside from a diminished sensation to external stimuli, heat and cold, touch and pain (very common in defectives), there is nothing of special interest. The tendon reflexes are present.

Fig. 1.
Mongolian Idiot; aet. four years. Note typical hands.

Fig. 2.
Cretin; aet. four years.

MENTALITY.

As the child grows older, his lack of mentality becomes more and more apparent. What in early childhood was thought to be obedience, is really an indifference to surroundings. With locomotion, the real character of the child becomes evident. Sometimes there are uncontrollable fits of anger, though as a rule the mongol imbecile is of a happy disposition. He is an excellent imitator and is even able to dance in time to music. The mentality, according to authorities, rarely reaches the sixth year, and is never beyond the eighth year, so that he is usually classed as a low-grade imbecile.

Speech is learned very late, and it is rare to hear fully developed sentences, even at mature age.

DIAGNOSIS.

The diagnosis of mongolism is easily made. Some difficulty may arise, however, in differentiating it from *cretinism*, and, in early life, from those diseases in which locomotion is delayed—rachitis, amyotonia congenita, and achondroplasia.

*Cretinism.* The characteristic appearance of the cretin is due to an absence or lack of function of the thyroid. His skin is myxoedematous. His skull is large; the frontal bosses, prominent and the occiput, conspicuous. The long bones are thick and short, the appearance of the centers of ossification exceedingly delayed. The hand is usually small and immature, the thumb and little finger are normal, but the last phalanges of all the fingers are short and broad. The malar bones are normal as are usually the eyes. There is no sad-

dle nose. The face is thick, pale, and with few lines of facial expression. The cretin is stupid, obstinate and bad-tempered. With him the thyroid therapy brings about happy results. His idiocy may be of extreme grade.

*Rachitis.* The broad head, the softness of the bony structures with consequent deformity, the changes in the epiphyses, and the unclouded mind serve to distinguish this condition.

*Amyotonia congenita.* There is the same hypermobility here as in mongolism, but the facies are of a different type, the tendon reflexes are absent and the mentality is normal for the age of the child.

*Achondroplasia.* Confusion will arise only in the first months of life; the characteristic large head, the long body, the short limbs, the trident hand with the blunted fingers are noticeable before the first year.

Fig. 3.
Radiogram of hand of Mongolian imbecile, age seven years. Note the Telford-Smith finger, and a typical ossification of the second phalanx of the index finger.

PROGNOSIS.

Mongols do not live very long. Forty years is a very unusual age, and the majority die in early childhood. More than 50 per cent. die of some infection of the respiratory tract; tuberculosis or pneumonia are the most frequent.

PATHOGENESIS.

Syphilis, tuberculosis, and alcoholism of the parent occur no more frequently in mongols than in other defectives.

From the figures given by different observers, it would seem that more than half of the mongols are the last-born children often of large families where the offspring have come in rapid succession; that one or both parents are in or beyond the third decade; and that the mother has been weakened by physical or mental strain. It may be added that, in some cases, the mothers are very young; here the reproductive powers may not yet be fully established. Which of these conditions is the most potent is yet in doubt. Probably all act concurrently in many cases. Mongolism is an exhaustion product, the result of two factors, morbid heredity and weakness of the parent.

Fig. 4.
Radiogram of hand of Cretin, showing delayed ossification.

In a large number of cases the mother gives a history of menstrual disturbances, uterine displacements and pelvic operations, all antedating pregnancy. Is it not possible that some dysfunction of the internal secretion of the ovary and the related endocrine organs, analogous to an osteomalacia, may play an important part in the production of mongolism?

Jodicke and Dolega, in their study of metabolism in this disease, have found an increased combustion of sugar. This they believe is due to a hyperfunction of the pancreas, consequent to a hypofunction of the generative glands (ovaries and testes), which is shown clinically by their slowness and frequent lack of development.

THERAPY.

Thyroid extract has been given with the idea that there is a lack of function of the thyroid,

although the gland may be palpated in the majority of mongols. Brilliant results have been reported. There may, of course, be some lack of thyroid secretion in mongols, as there is in other individuals. The improvement must depend on the removal of the myxoedematous characteristics. Mongolism has not yet yielded to any glandular therapy.

Mongols respond to training, if taught by imitation. They are incapable of intellectual work involving calculation or imagination. The brighter children of this class may be trained to unskilled industrial work, particularly some phases of farming.

CONCLUSION.

The solution of the problem of mongolism lies in a better understanding of its metabolism and the interrelation of the endocrine glands, together with an intensive study of parental history.

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## REPORT OF TWO CASES OF AMAUROTIC FAMILY IDIOCY (TAY-SACHS' DISEASE).*

By CARL W. RAND, M. A., M. D.

From the Children's Hospital, Los Angeles, California.

Much has been written upon this disease since Warren Tay (1881) first described the unusual eye-picture in a mentally defective child that came under his observation. In his article entitled, "Symmetrical Changes in the Region of the Yellow Spot in Each Eye of an Infant," one reads; "In the region of the yellow spot of each eye there was a conspicuous, tolerably diffuse, large white spot, more or less circular in outline, and showing in its center a brownish-red fairly circular spot contrasting strongly with the white spot, and this white spot did not look like a hemorrhage or as if due to a pigment, but seemed a gap in the white patch through which one saw healthy structures." Later he described a similar condition in the eye-grounds of two other children in the same family.

In 1887 B. Sachs correlated the ophthalmoscopic findings with the neurological picture in a paper entitled, "Arrested Cerebral Development"; and in 1896 he further reported the nineteen cases then extant, giving the following symptom-complex as pathognomic of the disease, to which he gave the name "Amaurotic Family Idiocy":

1. Mental impairment in the first few months of life leading to absolute idiocy.

2. Paresis of the greater part of the body—flaccid or spastic in type.

3. Reflexes may be deficient or increased.

4. A diminution of the vision, terminating in absolute blindness (changes in the macula lutea and later an optic nerve atrohy).

5. Marasmus and a fatal termination as a rule about the second year.

6. The occurrence of the affection in several members of the same family.

7. Healthy at birth, remaining so to the third or fifth month; and occasionally—

8. Nystagmus.

9. Strabismus.

10. Hyperacuity of hearing.

11. Inordinate laughter was present in one case, and

12. Disturbances in deglutition were occasionally observed in others. It may also be added that the affection usually occurs in Russian Jews.

It seems superfluous at this time to review the literature which has become voluminous since 1896. Above one hundred cases have been reported to date, most of them in Jewish children. The pathology in brief consists of a peculiar degeneration of the ganglion cells of the entire cerebrum and cord, with a disappearance of the Nissel granules and a "ballooning" out of the diseased cell. Aside from the infantile type first described by Sachs, a juvenile form closely resembling it has been described by Vogt and others. Tay, Sachs, Carter, Vogt, Batten, Mayon, Higier, Ichikawa, Wandless, Dercum, Turner, Gordon, Kingdon, Hirsch, Cohen and Dixon, Schaffer, Spielmeyer, Mott, Bielschowski, Frey, Schob, Jacobi, Holden, Clairborne, Higier, Holmes, Gifford, Stewart Smith, R. M., Spiller and Wolfsohn have been the chief contributors.

The following case, No. 16878, was admitted to the Children's Hospital, Los Angeles, December 9, 1916. The patient, A. B., a baby girl, was admitted because of "helplessness and difficulty in swallowing." She was the youngest of four children, of intelligent Russian Jewish parents. The three other children died in infancy or early childhood,—two almost certainly of the same disease from which the patient died. The parents are both well and strong with a suspicious history of syphilis in the father dating back six years. The mother was married at seventeen, and her first baby, a boy, was born a year later. At ten weeks of age the child was stricken with "cholera infantum," and succumbed in a few days.

The second baby, a girl, was born two years later, when the mother was nineteen. She was a full term baby, birth normal, weight nine and a half pounds. For the first six months of life the child appeared normal in every respect, then began to lose weight, became weak, "paid no atten-

* Read before the Medical Society of the State of California, San Diego, Cal., April 19, 1917.

tion to things" (was probably blind), and towards the last was so weak "they couldn't move her." She lost all power of her limbs, could not hold her head up, and "pined away." Death at fourteen months from increasing marasmus.

The third baby, a boy, was born when the mother was twenty-two years of age. He was a full-term baby, normal birth, weight nine and a half pounds, bright and healthy. He remained apparently well until six months of age, when teething set in. Up to this time he "could creep around the floor like other babies." He was never able to stand on his feet, nor, later in the disease, to sit up. Like the second child, he grew weaker and "pined away." During his illness he had a few slight convulsions. He knew both of his parents, but gradually took less notice of them, and paid no attention to playthings. Mother thinks "his eyesight became poor." Had one lateral ventricle tapped at the Royal Victoria Hospital, Montreal, and died five days later at the age of two and a half years.

Fig. 2.
Age seven and one-half months. Still practically normal Note the expression of face and the position of hands.

Following the death of her third baby, the mother "tried to keep from having children" for sixteen years. She thought that such a long wait "would make a change in her." During this time she twice became pregnant and twice miscarried, each time in the fourth month. It is probable that these miscarriages were induced.

On October 15, 1915, her fourth and last baby was born. This, the patient, was a full term girl, weighing seven and one half pounds at birth, and of normal delivery. She was "always nervous," although bright like other children, and developed normally until six months of age, when she, like the two preceding babies, began to "get sick." Up to this time she could stand on her feet, "use her hands and mind," knew her parents and was especially active. At first it was noticed that she would fall from side to side, then mental impairment set in, and increased until the child "did not seem to know anything." Weight at nine months 21 pounds; weight December, 1916, 17 pounds. During the last few months the child practically lost the use of her arms and legs, and was unable to hold up her head. She was easily startled by the slightest sound. She apparently saw to some degree. Before the onset of the trouble, she could "jabber like other children at play," but later could only moan, or cry weakly when moved. Her bowels were costive; the mother thought that she "hadn't the strength to force a movement." Took food poorly, and occasionally vomited. As the mother states, she "simply couldn't do things—she started out all right, like the other babies, but like them, the sickness crept over her."

Examination revealed an apathetic, feeble-minded baby girl of fourteen months, lying helplessly in bed moaning. Any external auditory stimulus elicited convulsive movements of all limbs, especially of the hands and arms. She held her head deflected to the right. The head was normal in size. The anterior fontanelle was nearly closed and showed no irregularities. There was a normal growth of hair. The pupils were small, equal, and reacted to light and accommodation. No nystagmus made out, globes apparently parallel. Vision seemed impaired, although the child winked when hand was passed across the eyes. Ophthalmoscopic examination of both eyes revealed the typical picture described by Tay in 1881. The disc was distinctly seen, slightly pale, margins very sharp. The optic cup was clear. Vessels appeared normal. In the region of the macula lutea one saw an oval reddish-brown spot surrounded by a white halo. The retinae otherwise appeared normal in color and free from pigment, hemorrhage, or exudates.

There was frequent grinding of the teeth. No abnormalities of dentition. No stigmata of degeneration otherwise noted. The lungs, heart, and abdominal examination were essentially negative. When held in a sitting position, the back bowed in a general kyphosis. X-ray of the spine, negative. No indications of rickets or exanthemata.

There was marked impairment of strength of the entire muscular system. The limbs were moved slowly but voluntarily, and resembled a semi-flaccid condition. Sensory stimulation to pain apparently intact over the entire body, as judged by pinpoint, also touch and temperature sense seemed retained. The deep reflexs were everywhere obtained and seemed slightly exaggerated. Epigastric and abdominal reflexes diminished, but present. Plantar stimulation revealed a dorsal deflection of the great

Fig. 3.
Age thirteen months. Contrast expression of face with Figs. 1 and 2. Hands practically paralyzed. Cannot hold head erect.

toe, both right and left. Kernig and Brudginski were negative. No ankle clonus right or left.

Temperature, 99.2-100.4, 4 a. m.; pulse, 100-148; respiration, 22; urine, acid, light straw; albumin, sugar, casts, 0; blood, Wassermann test was negative; Hyb., 95 per cent. (Talliquist); W. B. C., 8400; R. B. C., 4,728,000.

Both white and red blood cells appear normal. A lumbar puncture was not permitted by the parents. Wolfsohn and others have reported negative findings.

The child died February 10, 1917, following convulsions for two weeks.

Autopsy not permitted.

The second case, No. 17,105, was admitted to the Children's Hospital, January 30, 1917. She was born in Russia December 18, 1915, the second child of Russian Jewish parents. Her parents state that she "cannot sit up nor hold her head up," and that she "scares easily." Both parents are living and well. No consanguinity. One other child, a boy aged two and a half years is perfectly well. His mother states that he is "well and thin." Mother has never miscarried.

The patient was a full term baby, weighing eight pounds at birth; labor was normal, lasting six or seven hours. Aside from constipation, the child has had no ailment until the onset of the present illness.

In the first three or four months of life, the child appeared to be normal in every way. About this time the mother noticed that she seemed "backward"; that she "scared easily"; that is, she would jump at the slightest noise, and at this time the neighbors asked her why the baby did not hold her head up. The child has never learned to talk, and sleeps a good deal. At five months she could "hold things in her hands and play with them." During the past eight months, she has become apathetic, and has forgotten how to use her hands. Her vision has been getting weaker.

Examination reveals a drowsy, feeble-minded Russian child of thirteen months. The striking thing is her listlessness combined with a tendency to jump whenever a noise is made near the bed. The pupils are equal and react to light and accommodation. No nystagmus made out. She follows objects with her eyes. Vision apparently fairly good. There is no paralysis of any muscle group, nor is any sensory change made out. Her condition seems to be what Smith has described as "muscular relaxation"—which often precedes the paralysis in this class of cases. The heart, lungs, and abdomen apear normal. There are four teeth. All deep reflexes are obtained, giving a sluggish but equal response. Abdominal and epigastric reflexes are present and equal. Babinski is positive right and left. Her weight is eighteen pounds, nine ounces.

Examination of the fundi reveal the pathognomonic cherry-red spots in each eye. The disc is clear-cut, a trifle pale, some pigment. The vessels appear slightly smaller than normal. No hemorrhages or exudates made out.

Temperature, 99; pulse, 110-128; respiration, 30; urine, albumin, 0; sugar, 0; casts, 0; Occas. W. B. C.

Blood examination (Dr. M. E. Bettin): Wassermann, negative; R. B. C., 3,668,000; W. B. C., 7,500; Hgb., 53%; neutrophiles, 45.5%; lymphocytes, 51%; large mononuclears, 3.5%; eosinophiles, 0; parasite, 0; 200 cells counted.

Spinal fluid examination (Dr. M. E. Bettin): Slightly increased pressure; clear; two cells per c.m.m.; Wassermann test, negative; Globulin test, negative.

The author believes that these two cases, as reported, are quite typical of Tay-Sachs' Disease. They are almost identical in onset and course. The first child died at the age of fifteen months, the end being ushered in by convulsive attacks. The second child, although still living, has failed greatly in the past three months. It is interesting to note that the first case cited is probably the third child in a Russian-Jewish family to be afflicted with the disease. It is unusual in that sixteen years have elapsed since the last baby died. Since the death of her last baby, on February 10, 1917, the mother believes she has again become pregnant. This has caused her great mental anguish because she fears that another baby would die of Sachs' disease as have the former ones. The author has advised her to allow the pregnancy to run its natural course in the hope that she may have a healthy child. A diagnosis of Sachs' Disease in the former children in this family is based purely upon "circumstantial evidence." Judging from the mother's description of the other cases, and from the fact that the disease is often found in several members of the same family, it seems justifiable to believe that the two former children died of amaurotic family idiocy.

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## BETTER TEACHING IN SCHOOLS OF NURSING.

By ANNA C. JAMMÉ, R. N., Director Bureau Registration of Nurses.

The problem surrounding the education and training of nurses in schools of nursing in this state have been claiming attention in the past few years and more particularly since the publication of a curriculum for schools of nursing by the State Board of Health.

The fact that a nurse must have a certain definite and systematic course in the theory and practice of nursing in a school connected with a hospital, has become not only of concern in this state but likewise in forty-four other states where laws governing the practice of nursing are in operation. The question of standardization of accredited schools for nurses, and of what shall constitute a proper basis of nursing education is a question under advisement by those who are concerned with the training of nurses.

At present each state is making its own standardization, and, as in the history of medical education, so also in nursing education the question will have to be settled by adopting uniform minimum requirements alike in all states.

In this state the minimum requirements as to what shall constitute a systematic theoretical and practical course of instruction and a proper basis of nursing education has been interpreted by the State Board of Health, taking into consideration three fundamental points of departure.

1. Entrance requirements.
2. Educational facilities of the hospital.
3. The course of instruction to be followed.

Entrance requirements are based on preliminary education, physical and personal qualifications. The full high school course with credits for English, chemistry, biology, anl household economics, will be accepted. This amount of preliminary education should be considered necessary and should not, as heretofore, be taught in the school of nursing, but be given in the high school. In every part of the state we find excellent high schools with teachers well qualified to teach these branches and it is not now even a question that the "poor girl" is kept out of nursing, for the night schools offer opportunities to those who may be obliged to discontinue their education at the working age.

Schools of nursing that have been admitting on a general high school basis, find no difficulty in drawing applicants of good education and with an appreciation of the value of the training offered. On the contrary, those that have been admitting on a low educational basis have lost the applicant who offers good educational prerequisites by the very fact of the low educational standard of admission. When all applicants are admitted on a definite basis of high school education we will obtain a more equal enrollment and at about high school level and will not, therefore, be obliged to reduce instruction to the lowest denominator.

Educational facilities of the hospital include the nature of the services and the number of patients admitted and treated in each service—medical, surgical, obstetric, children; the number of patients in each service coming under the student's care and observation during the three years of her course; class room and laboratory facilities and equipment necessary for teaching purposes. In assuming the responsibility of a school for nurses the hospital sees to providing adequate working and demonstration material. This need not entail a large outlay and when once provided serves for succeeding classes.

The course of instruction embraces the arrangement of theory and practice; the selection of instructors, method of instructing and the supervision of practical work. Too much emphasis cannot be placed upon the arrangement of the course and the instructors selected for carrying it on. In the first place proper grading is necessary by placing elementary and fundamental subjects in the first year and leading the student gradually and logically step by step into the more important points in her second and third years. When the student is plunged immediately on her arrival in the school, into a class on surgical technic or obstetrics, it is unreasonable to expect other than confusion and discouragement. We cannot be too severe on the methods of instruction that have largely prevailed and do still prevail in not a few of our schools for nurses. The teaching frequently follows along the lines of teaching in medical schools and goes far beyond what the student requires. She has been led into details of anatomy and operative surgery and into the sphere of diagnosis and treatment which is not only unnecessary but harmful. Illustration of this is frequently seen in the questions given in the schools. As for example, "Should all cases of acute appendicitis be operated—if so—why?" "Give diagnosis of cerebro spinal meningitis." "Give treatment for infantile scurvy." Good teaching will place the student in command of the knowledge relating particularly and intimately to her work as a bedside nurse and as a physician's and surgeon's assistant. It demands a liberal amount of illustrative material appropriate for her use rather than knowledge obtained in a dissecting room or at autopsies.

The problem of teachers for nurses is serious and should be considered in view of what must be the ultimate result obtained from three years in a school for nurses. Nurses have been slow to take up this particular branch of their work and we find now serious embarrassment on the part of the schools in obtaining sufficient nurse instructors. The teaching has fallen largely to the kind-hearted and often overburdened physician, and the schools have, as a matter of course, accepted these services without any thought of compensation. The physician has been expected to carry long courses of instruction and often he has been obliged to repeat the same course in several different schools. The nurse should be the logical teacher of nurses, and she should receive special training in this work in order that she might take up at least the elementary portion of the instruction contained in the first year, thereby relieving the physician entirely of this part of the instruction.

The weakest point in the education of nurses in this state is in bedside supervision. Schools that

even have a well organized course in the classroom do not maintain sufficient daily and nightly supervision of practical work. This should be considered equally important with classroom work and both should have a close relation. In hospitals where patients are in separate rooms this supervision is difficult to carry on, but where the patients are in open wards the nurses' work can very readily be overseen. Advantage is gained thereby when the school is connected with a university or county hospital or where the hospital has open wards and the students do not work behind closed doors. In the hands of a good nurse instructor the bedside teaching can be made of inestimable value to the student, and the hospital should profit by this in that its nursing will be of a higher grade.

Nurses, as a class, have come under the heavy fire of criticism, the reason for which cannot be attributed wholly to the nurse herself, but must be shared by the school. The lack of careful selection of applicants is primarily the cause of many misfits; the exigencies of hospital service has taken precedence of the training school, hands and feet were considered and not head. Obviously women unfitted for the work have been carried through the school and sent out into public service. The type of instruction and training together with housing conditions and government of the student body have contributed to no small extent to deficiency in the graduate and have largely been responsible for some well founded criticism.

The most hopeful aspect in the situation is the awakening of the student herself to the necessities of her course and the inquiries that are now coming from applicants as to what the course will offer for three years of service in the hospital. The high schools have been thoroughly aroused and have entered into the preliminary requirements for entrance to schools of nursing not only with cooperative spirit, but with real practical enthusiasm. Nothing will do more to steady and to improve the training schools of the state than their assumption of definite educational entrance requirements, a well organized course of instruction and good teaching methods.

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## SOCIAL INSURANCE.*

By N. R. H. JUELL, M. D., Santa Rosa.

It is time for the medical profession to wake up to the realization that universal insurance against sickness, maternity and old age is coming, so that the movement will not catch us napping, as did the industrial insurance act, the unsatisfactory features of which could easily have been avoided if we had taken the trouble to study the history of this world movement and the lesson taught by countries where it has been tried out.

Insurance against accident and sickness was left to private corporations, lodges and insurance companies, until in '83, when the government of Germany took the first step to organize it into a national system. Other countries followed, so that today almost every civilized nation has adopted some form of industrial or sickness insurance. The systems varying greatly as all is yet in an experimental stage.

We are coming to the conclusion that this is not a matter to be left to private initiative, it is a social question of the greatest magnitude and it takes the concerted action of the nations to solve it.

Statistics tell us that this nation loses 650 millions a year from sickness. When we consider that at least 50% of these are preventable, if the proper steps are taken, and that these steps never will be taken as long as the matter is left to individual corporations, we see one reason why this ought to be a national issue.

Another reason is that private insurance does not reach the workers who need it the most; the underpaid for whom a few days' illness means destitution, perhaps starvation, do not insure. To reach them the insurance must be made compulsory.

Another fault which ought to be corrected by national insurance, is in its relation to the medical profession.

Lodge practice has long been condemned as unethical, because it lowers the standard of the profession; this holds good with most forms of contract practice also, not because it is made in this form but it tends to diminish the individuality of service and makes most doctors fall into a rut.

This would apply to contracts by the state as well, unless a different arrangement is made, and it is one reason why choice of doctor by the patient is the only form of service which has stood the test.

It is evident that the success of any form of health insurance depends on the co-operation of the medical profession. Efficient service pays, as a Bavarian Company says, "8000 paid in the highest class medical service saved 160,000 in compensation expenses."

It would seem proper then that governments framing this kind of laws would consult the medical authorities and be guided by their counsel.

Such, however, has not been the case, and it has resulted in a continuous struggle by the medical profession to get justice.

In Germany there has been over 1000 conflicts between insurance and medical societies and in this the doctors have been victorious in 900, and some of the rest are still pending.

In January, 1914, the total 32,000 doctors went on strike and refused to treat any member under the insurance act. The universities effected a compromise on the following basis:

(1) Contract committees composed of representatives of medical as well as insurance societies.

(2) Free choice of doctor by the patient within the list of the insurance societies.

(3) Compound arbitration courts. Remuneration being left as a local issue.

* Read before Sonoma County Medical Society.

Mark this result of a thirty years' struggle, and let us avoid the strike.

In England, a compulsory insurance law was passed in 1912, which left the choice of insurance to existing societies, so long as a worker was insured, it did not matter where.

The medical profession opposed this because the societies had not treated them fairly, and spent half a million to fight it. Their demands were practically the same as in Germany and they won out.

Payments were made by capitation, or so much a year for each and special for night calls. Surgery and maternity on so much per visit, and specials.

After eighteen months, the result has been an increase of $1000 a year for each of the 20,000 doctors who are on the panels.

This astonishing and suggestive result is due to an increase in the amount of work because the insured use a doctor instead of patent medicine, and it shows also, that a large percentage of the people had no medical care at all, and how poorly the doctors were paid by the societies before.

The average payment per insured was $1.87 per year, and the doctors received $1.00 per visit.

The distribution of patients between the doctors was very uneven, one-fifth of the doctors caring for half of the patients. The lighter cases were treated satisfactorily, the severe were not, and this was attributed to inadequate hospital facilities.

England, as well as the United States, are both poorly supplied with hospitals because this has been largely left to private or denominational interests.

England found this out to its sorrow when the war broke out.

In France, the law compels one hospital bed for each 500; in Germany, one for each 200; and in Russia, one for each 100 in the factories.

The war is bound to change all these conditions, what way is hard to predict; but the spark which started the conflagration was political, the real cause was the spirit of competition among the nations, and there is reason to hope that the remedy which will heal the wounds of this terrible calamity, will be co-operation of which social insurance is an expression.

America has been slow to follow in this movement, inspite of its wonderful industrial development.

This is due, I believe, to the pioneer spirit which finds its expression in such proverbs as: "Everybody for himself, and the devil take the hindmost," or, "This is a land of opportunities; if you don't grasp them it is your own fault."

We are charitable, but the workers in America do not want charity, and social insurance will enable them to pay when they get sick.

We all believe in health insurance, the trouble is to administer it, so it does not work hardship on those who do the principal amount of work, the medical profession.

In the first place, it must be made a government institution and be under the direction of a commission of both insurance and medical men. I believe that every county society should take a hand and see that its representatives in legislature are informed about this subject; the author of our industrial insurance act, evidently, was not informed.

The most difficult problem to solve is the method of choosing physicians. Our industrial act has left it to the employers, and they, again, delegated it to the societies in which they insure. Looking from the standpoint of greater efficiency, this seems to have some merit. It certainly is in the interest of the society to select the best possible man, and this should be to the interest of the insured as well. But there is another side. It touches the democratic principle underlying all our institutions. The people may not be the best judges of who will be the best president, or senator, or judge; but they insist on the privilege of electing them just the same, and where there is a personal contact, as in the relation of doctor and patient, there is still more reason why the choice should be left with the people.

We all know, or ought to know, the great part suggestion plays in treatment; the confidence of the patient in his doctor is worth more than most of the drugs we administer. Even autocratic, paternal, efficient Germany has come to the conclusion that the patient ought to select his own doctor.

The industrial act evidently concludes that the party who pays the bill ought to select his own servants, which is proper, the fault is that the author lost sight of the fact that, however widely the nations differ in their insurance systems, they all agree that the employee should pay part of the insurance. This removes the stigma of charity and makes them feel that they have not alone paid their own insurance, but contributed to the benefit of others. It creates a brotherly, democratic spirit, and justifies their demand to select their own medical attendant.

To safeguard the societies, as well as the patient, there must of course be a state commission who will appoint referees in each county, and when general sickness insurance is established I expect to see in every county a State hospital with resident physician, and a staff of specialists, forming a diagnostic section to which all cases requiring special care can be referred.

How to guard against the uneven distribution of patients, as occurred in England, is a difficult question. I expect it will be even worse here, as the qualification of the profession is more uneven. I believe that if we get a good working plan for our sickness insurance this will solve it by "natural selection." This is one of the benefits I expect the profession will get from social insurance.

We all know that the practice of medicine is not on the merit system; we have to compete

with all kinds of quacks, and they often get the best of us because of greater business ability and advertising.

When every case has to be reported to a State commission, they will soon be eliminated. It will eventually be a "survival of the fittest," not to mention the incentive to study our cases more thoroughly when every one is an examination question before competent judges.

I wish to mention some more reasons why the profession should work for this movement:

(1) We will see our cases earlier, and hence be able to do more for them because, when the patient knows the services are paid for, he will not wait till he is incurable before he consults a doctor.

(2) When every case has to be examined and reasons given before operative measures are undertaken, there will be less unnecessary surgery.

(3) W will have more patients and get more experience.

(4) Medical statistics will be more reliable.

(5) There will be less chronic invalids dragging out an existence, because they have not the price of an operation, and are too proud to beg one.

(6) Free dispensaries and charity work will be eliminated.

(7) We do not need to worry about collections.

As to the manner of payment, there are three ways of being tried: per capita, per visit, and fixed salary. The capitation system, or so much per year for each insured is the same as our lodge practice and, as this has generally been declared unethical, it will hardly be accepted.

The fixed salary, except for members of administration, referees, etc., although desirable, is not practical, at least, to start with.

Attendance, or pay per visit, is the only system left; but even this will give rise to constant friction. The patient will demand constant attendance, the society will not allow more than absolutely necessary. How often to visit a patient is always a puzzle, and too often determined by the condition of the doctor's pocketbook. Let us hope Dr. Rubinow will find a solution. In conclusion, I will quote some of his remarks:

"Whether the millions protected by sickness insurance are granted the right of selecting their own doctor on the idea that the patient may be the proper judge, or whether the doctor is selected by hospital staffs or county committees, whether the doctor is paid a salary, as in some German cities, or by the Russian Zemstvo system, perhaps the greatest organization in the world; or whether it should be computed in proportion to the visits the doctor succeeds in making, as in Leipzig, or in proportion to the clients he has succeeded in attracting, as in England, are questions in which the medical profession should and will be heard.

"There is only one way to meet this economic and ethical problem which has yet been devised, a system of insurance which meets the economic loss of illness at least half way, and a system of organized medical aid which reduces its cost substantially without pauperizing the patient or degrading the doctor.

"Social insurance against sickness meets both these problems and that is why it has become a world wide movement. The medical profession can fulfill the time honored oath of Hippocrates by giving to it a broad social content, and by helping instead of hindering the development of social insurance."

## State Society

### IMPORTANT NOTICE—INDEMNITY DEFENSE FUND.

Notes are now becoming due.

Do not let your membership lapse.

Each member will be informed ten days in advance of the due date of his note.

Medical Defense Rules, Section 3: "Dues must be paid to the Secretary of the County Medical Society to which each member belongs prior to the end of February of each year. Any member whose dues are not paid prior to March 1st and whose name is not reported as having paid his dues by the Secretary of his County Medical Society is dropped from the list of members in good standing as of January 1st of such year, and such member is deprived of Medical Defense afforded by the State Society for the period from January 1st of such year to the date when his assessment is received by the State Society. Members whose assessments are not received on or before February 15th of each year will be notified by letter from the Secretary of the State Society of such fact."

### STATE DUES FOR 1918.

In order to defray the increased expenses of the Society due to its wider activities, and in response to the recommendations of the Council, the House of Delegates fixed the assessment for 1918 at $7.00, being an increase of $1.00 over the dues of last year.

At the last meeting of the Council of the Medical Society of the State of California, held August 25th, the question of members in service being exempted from paying dues, was raised. Several communications from the component societies were read and discussed dealing with the question—it is a question—whether or not members out of the State on military duty should have their dues paid by the County Society, or by some other method. This matter is now under advisement.

### COUNTY SECRETARIES TAKE NOTICE!

Kindly check the name of your President and Secretary appearing in the list of Presidents and Secretaries of the County Medical Societies on page xlviii of this issue. Any corrections should be received by this office not later than the 10th of December to appear in the January number.

**The initial assessment for the organization of the Indemnity Defense Fund was fixed at $30.00, one-half to be paid in cash upon subscription, and the balance by note due one year thereafter.**

**In fairness to those who joined the Fund promptly, it was necessary to fix a limit upon this method of payment, and therefore DECEMBER 31st, 1917, was settled upon as the LAST MATURITY DATE FOR NOTES.**

**Commencing January 1st, 1918, a member joining the Indemnity Defense Fund will pay the full initial assessment of $30.00.**

**ALL NOTES DATED DECEMBER 31st, 1917, are now becoming due, and must be paid on or before December 31st, 1917.**

Don't bother me now; I'm hunting Dr. Card's ad in the Chronicle. "Dr. Card, Woman Specialist," has been arrested nine times, according to police register, "for criminal malpractice." A mere matter of curiosity—if "The Leading Newspaper of the Pacific Coast"—the disseminator of valuable information—is still running "Dr. Card" at the head of its "Medical."—"The Star."

### COMPLETE BIRTH REGISTRATION AN AID IN THE SOCIETY'S WORK.

New Zealand has incorporated in its plan of government some of the best traditions of the older countries. Thus, in spite of its youth as a country, it has established so perfect a system of birth registration that the figures are accepted by the authorities in European countries. In this, New Zealand stands in striking contrast to the United States, which, of all the civilized countries, has no general system of accurate registration. The fact that births and deaths are properly recorded has aided the health society in every stage of its work and has made it possible at all times to gauge the effect of the work in reducing the number of infant deaths.

## Society Reports

### ALAMEDA COUNTY.

The personnel of Army Base Hospital No. 47, which has been completed by the San Francisco Chapter of the American Red Cross and forwarded to Washington for certification by the national organization, includes the name of an Alameda doctor—Dr. James K. Hamilton.

Dr. Hamilton has conducted offices in Encinal Hall, at Bay-street station, for a number of years and is well known in local medical circles.

The resignation of Nathan N. Ashley as interne at the Emergency Hospital was accepted and Dr. Charles A. Mackey appointed in his place, at a compensation of $100 a month.

At the request of the Alameda County Probation Committee, Dr. Sarah I. Shuey was officially named as physician to the girls in the Detention Home, at a monthly salary of $50. Dr. Shuey has been engaged in this work for some time, but without official recognition.

Dr. R. Morton Manson, resident physician of the Alameda County Hospital, was married recently to Miss Madeline Strohl of Oakland. Miss Strohl is the daughter of the late Mr. and Mrs. Godfrey Strohl, a pioneer family of San Francisco. Dr. Manson, who is well known in the local medical fraternity, is a son of Dr. and Mrs. John Manson of Placer county.

The wedding took place at the bride's home in Oakland, Rev. Frank Silsley of the First Presbyterian Church officiating. Only the immediate family of the couple were present.

Dr. A. C. Siefert, late of the Lane Hospital staff in San Francisco, has joined the medical staff of the Livermore Sanitarium. Dr. Siefert is a graduate of the medical college of Stanford University.

In June of this year the Alameda County's Institution Commission, consisting of Mr. Harrison Robinson, chairman; Dr. Aurelia Reinhardt, Mr. Frank A. Leech, Jr., Dr. Robert Legge, Mr. J. Donohue and Dr. O. A. Hamlin, were appointed to administer the affairs of Alameda County's Institutions through recommendation to the Board of Supervisors.

This commission was confronted at its appointment with the reconstruction of the present County Infirmary, the building of a new hospital in the City of Oakland, and the completion and equipment of the new tuberculosis Sanatorium at Livermore; and was also charged with the work of placing the various institutions under civil service and a promotion system based on efficiency.

To place the present hospital on a proper basis four internes and a resident physician are now employed in place of two internes and a medical superintendent. The Oakland College of Medicine has co-operated with the commission in greatly increasing the visiting staff. Medical staff members of the Oakland College of Medicine now visit the institution four days per week and the visiting surgical staff is taking over the bulk of the surgical work heretofore cared for by the superintendent. The nursing staff and training school have both been increased.

Dr. R. J. Cary, one of the specialists in institution work for tuberculosis in this country, will be the superintendent of the new Livermore Institution. His staff will be chosen entirely from civil service lists.

Among the men who attended either or both of the big surgical meetings held in Chicago last month were Drs. L. P. Adams, E. N. Ewer, David Hadden, C. A. Dukes, A. S. Larkey, M. M. Enos, A. Galbraith, F. H. Bowles, Austin Clarke and A. F. Maine.

The following program was presented at the meeting of the Alameda County Medical Association, held Monday evening, November 5th:

1. Carcinoma of Sigmoid with presentation of Specimen. Dr. D. Crosby.
2. Hypertrophy of Prostate with presentation of Specimen. Dr. R. T. Stratton.
3. Moving Pictures and Eye Strain. Dr. Milton Schutz.
4. The interpretation of the Radiograph. Dr. L. A. Martin.

Dr. Stratton's paper was discussed by Drs. O. D. Hamlin and L. P. Adams.

Dr. Schutz's paper was discussed by Dr. W. L. Friedman.

Under the auspices of the American National Red Cross two courses in First Aid to the Injured have recently been given in the Oakland College of Medicine. The classes were well attended.

The call to colors of several members of the faculty of the Oakland College of Medicine has necessitated various changes in the personnel of the instructors. Dr. John McLaren, of the University of Oregon, has been secured to head the Department of Physiology for the current year. Drs. H. Gordon McLean and A. Fibush have been appointed to the Department of Pediatrics.

Miss Emily W. Bauer, from the Rockefeller Institute, a graduate of the Presbyterian Hospital of New York, has been appointed to the position of superintendent of the Training School of Nurses at the Samuel Merritt Hospital.

Dr. Geo. T. Pomeroy has just returned from an Eastern trip.

A plan to separate those mentally afflicted from the other inmates of the county infirmary is under consideration by the Psycopathic Association of Alameda County. A survey of the institution will be conducted with this end in view and Dr. Jau Don Ball will examine the inmates to test their mental status. He will be assisted by Mrs. Vinnie Hicks, who formerly was in charge of similar examinations among Oakland school children.

### CONTRA COSTA COUNTY.

The Contra Costa County Medical Society met in the Abbott Emergency Hospital Building, Rich-

mond, Cal., Saturday evening, October 29th, in regular monthly session.

The society was called to order by the president, Dr. P. C. Campbell. Those present were:

From Richmond—Drs. U. S. Abbott, P. C. Campbell, H. L. Carpenter, W. E. Cunningham, C. R. Blake, Marguerite Geininger-Keser, W. W. Frazer, Hall Vestal, W. C. Smallwood, C. S. Lipp and W. E. O'Brien.

Drs. W. S. George and A. L. Morrell, Antioch; Dr. E. E. Johnson, Concord; Dr. J. H. Adams, Crockett; Dr. C. E. Camp, San Pablo; Dr. J. T. Breneman, El Cerrito.

The minutes of the previous meeting were read and approved and the usual routine business of the society was transacted.

The motion was regularly made and seconded that the president appoint a committee of two to arrange for the annual banquet at the Hotel Oakland, and the election of officers, Saturday evening, November 17th. Dr. W. E. Cunningham and Dr. H. L. Carpenter were appointed on this committee.

Dr. Jos. H. Catton of San Francisco read a paper on "Malingering." This was one of the most interesting papers ever read before the society. The paper received an unusual amount of discussion by the members present.

At the conclusion of the regular program the nurses of the Abbott Emergency Hospital served refreshments.

Dr. Elmo Zumwalt, son of Prof. Zumwalt of the Richmond schools, a graduate of the Richmond High School and more recently of the University of California Medical College, has enlisted in the United States Army with the rank of First Lieutenant in the Medical Corps, and been assigned to Angel Island for duty.

## MENDOCINO COUNTY.

A conjoined meeting and barbecue was held at Willits by the Mendocino County Medical Society and the N. W. R. R. Surgeons' Association, on Saturday evening and Sunday forenoon, July 14th and 15th. On the arrival of the evening train the special guests and the fraternity present were banqueted at the Hotel Willits by Dr. F. G. Gunn. "Nothing small about Dr. Gunn."

Drs. Thomas W. Huntington and Stanley Stillman, of the Committee of American Physicians and acting for that committee, came up to Willits to address the medical fraternity and the public within the jurisdiction of the Mendocino County Society, on the urgent needs of the hour and the danger of procrastinating in this emergency. It suffices to say that this meeting and barbecue were a success par excellence, especially the barbecue. I here take the liberty of quoting our "special guests." "Never had a better time and never enjoyed a meeting more."

It was our genial vice-president, Dr. G. W. Stout, who impaled the ox on the spit (at least that part of it that was used at this barbecue), and in person played hurdy-gurdy with it over the fire and timed it to a turn for the handout. I have no doubt each participant cherishes its memory. Long live medical preparedness and fraternal feeling in the ranks!

No meeting in August or September.

The October meeting was held on Saturday, the 21st, in the office of Dr. Harper Peddicord, at Fort Bragg. Our president, Dr. F. C. Peirsol, in the chair. Members present: Drs. Peirsol, H. Peddicord, A. C. Huntley, L. C. Gregory and O. H. Beckman.

Dr. Frank S. Baxter of Willits, with card from Monterey, was elected to membership. Dr. Peddicord read an excellent paper on "Diagnosis and Treatment of Chronic Gonorrheal Urethritis."

A resolution of condolence was passed on the untimely death of our fellow-member, the late Dr. G. A. Woelffel, and the secretary was instructed to transmit the same to the widow and family.

After the meeting we were treated to a turkey banquet at the home of Dr. Peddicord.

Lieutenant H. H. Wolfe was reported to have left the training camp for somewhere in France.

Assistant Surgeon R. H. Hunt is at San Pedro looking after Uncle Sam's boys in blue. He reports they have six medicos on the staff, but supposed some of them will soon get orders to move. He is kept busy taking finger-prints, etc., for identification and is chafing to be smelling powder and feeling broadsides.

Dr. R. A. Babcock is at Camp Lewis, Wash., preparing for the front. Dr. H. O. Cleland is waiting for orders to report

The local papers report that Dr. R. L. Richards, superintendent Mendocino State Hospital at Talmage, has been called to active duty.

## SACRAMENTO COUNTY.

Sacramento County has reason to feel proud of the "bit" it has done for its country's service thus far. To date it has furnished nineteen doctors for the Army and Navy. The following have received their commissions:

Majors—C. E. Turner, E. S. Loizeaux.

Captains—Frederick Fairchild, Philip M. Thomas.

First Lieutenants—James H. Parkinson, N. G. Hale, H. Zimmerman, A. B. Diepenbrock, C. L. Bittner, Howard Cameron, J. Wm. Crawford, A. L. Munger, J. R. Snyder, L. M. Leizenring, Mayer J. Wahrhaftig.

Assistant Surgeons, U. S. N.—C. L. Andrus, A. K. Dunlap, Wm. Miller, Carl Brown.

The regular meeting of the Sacramento Society for Medical Improvement was held on October 16, 1917, at the Hotel Sacramento, the president, Dr. Jones, in the chair. Number of members present twenty-six. Fourteen visiting dentists, as the Society had sent a request to the Dental Society to meet with the Medical Society at this meeting.

Report of cases: Dr. Twitchell reported a case of Addison's Disease.

The paper of the evening was read by A. W. Ward, D. D. S., of San Francisco.

Subject: Foci of Infections of the Mouth and Relation to Systemic Diseases.

The paper was discussed by Drs. Gundrum, Smith, Brownell and Taylor and closed by Dr. Ward.

Dr. Ward emphasized the fact that mouth infections, and pyorrhoea especially, must be treated surgically and that emetine hydrochloride is of very little use in the treatment of pyorrhoea. The paper was illustrated by stereopticon views.

## SAN BERNARDINO COUNTY.

Dr. G. G. Moseley has tendered his resignation as president of the County Medical Society, made necessary by the fact that he is leaving Redlands, where he has resided for sixteen years, to take up his residence in San Francisco, to be associated with the Aetna Life Insurance Company as medical director of the accident department. Dr. Moseley's resignation was accepted with expressions of regret.

Dr. B. F. Church, Redlands, was elected president.

Dr. Dudley Fulton of Los Angeles read a paper on "Renal Insufficiency," which was well discussed. He also discussed his late trip to Washington on war matters, and his work at the Peter Brigham Hospital in Boston, Mass., on asthma.

Dr. U. B. Power of Redlands has moved to

New York City. He will spend this winter in Florida.

The regular meeting of the San Bernardino County Medical Society was held at the University Club in Redlands November 6, 1917. The president appointed the following officers:

Board of Censors—Drs. B. F. Church (chairman), C. A. Sanborn, C. F. Whitmer, J. B. Craig, T. H. McHugh.

Finance—Drs. T. M. Blythe, J. L. Avery, R. S. Gibbs.

Program—The President, Secretary, Drs. C. G. Hilliard, P. M. Savage.

## SAN DIEGO COUNTY.

The County Supervisors recently let the contract for the new Tuberculosis Hospital.

St. Joseph Hospital is planning an extensive addition to the present building on University Avenue.

The Medical Library is arranging to feature its annual meeting in December with a public lecture by Dr. H. M. Sherman of San Francisco, on the Cancer Problem.

The following members of the local profession have responded to the call of their country and are either in service or awaiting orders:

A. E. Banks, A. N. Bobbitt, R. C. Carter, V. G. Clark, J. F. Churchill, G. T. Courtenay, F. J. Dingemann, R. H. Donnell, J. F. Grant, C. Harbeck, R. S. Irvine, R. B. Irones, M. C. Harding, W. L. Kneedler, L. C. Kinney, T. C. Little, H. C. Loos, A. C. Magee, F. W. Muller, B. J. O'Neill, J. A. Parks, T. C. Pounds, W. R. Ream, L. B. Sandall, Robt. Smart, R. W. Thomas, H. A. Thompson, T. F. Wier.

## SAN FRANCISCO COUNTY.

During the month of October, 1917, the following meetings were held:

**Tuesday, October 2.**

At the request of the Council of National Defense, a general public meeting was held in the ballroom of the Palace Hotel. Major I. H. Jones, M. D., Signal Corps, U. S. Army, spoke on General Gorgas' plan for examining applicants for the Aviation Service.

**Tuesday, October 16. Section on Surgery.**

1. Dead teeth. Josef Novitsky, D. D. S.
2. Acute gastroduodenal perforations. Report of six cases. Edmund Butler.

**Tuesday, October 23. Mount Zion Hospital Clinical Evening.**

1. A case of laminectomy five years after operation. Julius Rosenstirn.
2. (a) A new operation for colostomy; demonstration of patient.
   (b) Death from hematemesis due to silent ulcer of the stomach; demonstration of stomach. Charles G. Levison.
3. Care of pregnant women. Reginald Knight Smith.
4. Anesthesia in labor. Louis I. Breitstein.
5. Diagnosis and treatment of bladder lesions. Illustrated with lantern slides. Louis Clive Jacobs.
6. Demonstration of specimen: hypernephromata. E. J. Casper.

**Tuesday, October 30. Section on Urology.**

1. Seminal vesiculotomy in the treatment of gonorrheal rheumatism. James R. Dillon.
2. The venereal situation among the forces at war. John C. Spencer.
3. Outline of the work of the Bureau of Venereal Diseases of the California State Board of Health. Samuel A. Goldman.

Dr. Joseph Catton of San Francisco, recently commissioned Lieutenant in the Medical Reserve Corps, is now stationed at Camp Fremont as Chief of the Medical Service of the Base Hospital. This is a provisional assignment until such time as Base Hospital No. 47, of which Dr. Catton is assistant director and Chief of Medical Service, is called to France.

## SAN JOAQUIN COUNTY.

The regular monthly meeting of the San Joaquin County Medical Society was held at the residence of Dr. B. F. Walker Friday evening, October 26th, President C. R. Harry presiding. Those present were: Drs. C. R. Harry, B. F. Walker, Minerva Goodman, C R. Holliger, J. T. Davison, Mary Taylor, S. E. Latta, H. E. Sanderson, E. A. Arthur, Margaret Smyth McCloskey and D. R. Powell.

A letter was read from the State Medical Journal requesting that the county society elect an associate editor for the Journal. It was moved, seconded and carried that the secretary of the society be appointed associate editor for this county.

The paper of the evening was presented by Dr. B. F. Walker, on "Eye Strain; Its Diagnosis and Treatment." The doctor spoke particularly of the necessity of a careful examination and the fitting of glasses, and the tendency of the general practitioner to dismiss the eyes as an etiological factor when the patient was wearing glasses without considering the possibility of the glasses being incorrectly adjusted. He also mentioned the necessity of an early examination in school children and of the beneficial results obtained with the proper fitting of glasses in cases of squint.

The paper was discussed by several of the members present, and at the conclusion of the discussion the meeting adjourned to enjoy a most delicious spread.

DEWEY R. POWELL, Secretary.

## SHASTA COUNTY.

Dr. D. B. Fields, Captain in the Medical Corps, U. S. A., who is a member of the Shasta County Medical Society, and family have left Weaverville for San Francisco, where the doctor will leave his family temporarily, while he will proceed to his assignment at Camp Douglas, near Salt Lake City, Utah.

Dr. Bly has located in Weaverville permanently to follow his profession of medicine. Dr. Bly has a son, Fred J. Bly, who is in the 158th Regiment, 40th Division, now located at Linda Vista.

## SONOMA COUNTY.

Dr. J. W. Seawell has purchased the Santa Rosa Hospital from Dr. Temple. Miss Marian Hill is the superintendent. Dr. Temple is stationed at the Presidio.

Dr. I. A. Wheeler has moved from Healdsburg to Fresno.

Dr. Raynes of Duncans Mills has moved into Dr. Temple's office in Santa Rosa.

Dr. J. H. Shaw is away for two months. He has been attending the Mayo clinics and is now in New York.

Dr. Blackshaw has moved from Sebastopol to Pittsburg, Cal.

Dr. J. W. Kerr of the same place is soon to take up his residence in Oakland, retiring from active practice.

Miss Eliza Tanner and Miss Rae Du Vander have been accepted as Red Cross nurses and will shortly leave for duty.

## STANISLAUS COUNTY.

Dr. R. W. Brace, who was one of the first Stanislaus physicians to volunteer their services

to Uncle Sam for the German war, and who received his commission of Lieutenant several weeks ago, has received orders to report at Camp Lewis, Wash. Dr. Brace has been expecting and preparing for the call for some time. He is pleased to be assigned to the camp at which the Stanislaus boys are receiving training.

### VENTURA COUNTY.

Dr. R. W. Avery has handed to the city trustees his resignation as health officer of Oxnard, a position which he has held for several years. Dr. Avery expects to report for duty as First Lieutenant in the Medical Corps. In his resignation Dr. Avery thanked the Board for its hearty co-operation with the health officer and health office.

## Book Reviews

**General Medicine.** Edited by Frank Billings, assisted by B. O. Raulston. Vol. 6 of Practical Medicine Series 1917. Chicago: Yearbook publishers. 1917. Price $1.50.

**Contents.**

Infectious diseases. Gastro-intestinal tract. Diseases of liver and gall bladder. Diseases pancreas.

**The Surgical Clinics of Chicago.** Volume 1, No. 4 (August, 1917). Octavo of 887 pages, 71 illustrations. Philadelphia and London: W. B. Saunders Co. Published bi-monthly. Price per year: Paper, $10; cloth, $14.

**Contents.**

Clinic A. J. Ochsner: Craniotomy for Jacksonian epilepsy; tumor in undescended testicle. Clinic A. D. Bevan: Technic of colostomy, prolapse rectum. Clinic Kellogg Speed: Carcinoma lip; decompression for traumatic epilepsy; decompression for hypophyseal tumor; occipital decompression for increased intracranial tension; perforated gastric ulcer. Clinic E. W. Ryerson: Tendon transplantation for poliomyelitis paralysis. Clinic Carl Beck: Pendulous abdomen; transperitoneal approach to kidney; diastasis of external oblique simulating hernia and cure. Clinic D. N. Eisendrath: Common duct calculi. Clinic D. C. Straus: Strangulated appendix in femoral hernia. Clinic A. H. Curtis: Leukorrhea. Clinic P. H. Kreuscher: Semilunar cartilage. Clinic J. S. Eisendrath: Mechanical aids in diagnosis lesions upper urinary tract. Clinic G. Kolischer and J. S. Eisendrath: New method anesthesia in prostatectomy. Clinic H. L. Kretschmer: Benign hypertrophy of prostate. Clinic G. E. Shambaugh: Carcinoma maxillary sinus; chronic empyema nasal accessory sinuses; suppurative otitis media with paralysis external rectus; chronic infection submaxillary gland; chronic empyema maxillary sinus; Ludwig's angina. Clinic C. A. Parker: Acute suppurative destruction upper femoral epiphysis. Clinic P. Oliver: Epithelioma cheek; acute retention urine; carcinoma stomach; bilateral renal calculi; tetanus following burn.

**1916 Collected Papers of the Mayo Clinic. Rochester, Minn.** Octavo of 1014 pages, 411 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $6.50 net; Half Morocco, $8.50 net.

The Mayo Clinic has developed from a surgical institute into a great school of clinical and scientific research. Its yearly publications have so increased in size and scope that a detailed review is impossible. Among the papers in the volume for 1916 one does not miss the valuable clinical and statistical studies which one has come to expect from the Mayos, notably Eusterman and Balfour on peptic ulcer, C. H. Mayo on diseases of the gall bladder, Giffin on splenectomy and diseases of the blood and spleen, Robinson on bronchiectasis and various diseases of the lung. Rosenow contributes noteworthy experiments on the selective localization of streptococci in the stomach, duodenum, gall bladder and spinal cord. Besides these there are papers on orthopedic subjects by Henderson, on heart block by Willius and Blackford, on amebiasis by Sanford, etc., etc., all of which give evidence of how far the Mayo Clinic has branched out from its original activities.

If the volumes continue to grow in size and diversity of content it might be well to split them into three, and make one each of medical, surgical and pathological papers. L. E.

**"Nostrums for Kidney Diseases and Diabetes."** Prepared and issued by The Propaganda Department of The Journal of the American Medical Association; 47 pages; deals with 34 nostrums; illustrated. American Medical Association, 535 North Dearborn street, Chicago, Paper, 10 cents, postpaid.

This is the latest pamphlet issued by The Propaganda Department of The Journal of the American Medical Association as part of its work in giving the medical profession and the public the facts regarding different phases of the nostrum evil and quackery. Nostrums for kidney diseases and diabetes are grouped together in one pamphlet, not because there is any essential relation between diabetes and kidney disease, but because the average quack makes no distinction between the two conditions and recommends his nostrum indiscriminately for both. It is not necessary to tell physicians that drugs will not cure either kidney disease or diabetes, but it is necessary to apprise the public of this fact. Whatever justification there may be for the sale of home remedies for self-treatment, there is no excuse, either moral or economic, for selling preparations recommended for the self-treatment of such serious conditions as diabetes and kidney disease. Every "patent medicine" sold for the cure of these diseases is potentially dangerous and inherently vicious. The pamphlet is an interesting and instructive one to put in the hands of the layman.

**Medical State Board Questions and Answers.** By R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic; Assistant Professor of Clinical Medicine, Jefferson Medical College. Fourth Edition Thoroughly Revised. Octavo volume of 724 pages. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $4.25 net.

This book is offered as a guide to the graduate in medicine who wishes to prepare for the state licensing board examination. As a guide it ought to be of considerable use; but unless the student has had adequate medical training he can not hope to be able to "cram" and pass some state board examinations. A well trained individual with good basic and complete medical education, could by reviewing a large series of state board questions, refresh his memory sufficiently to be able to pass an examination. One without this foundation, however, could never hope to cram in this way and pass a discriminating board. There is a growing tendency on the part of the state boards to make examinations more searching and to attempt to determine if the applicant has a broad general education. For instance,

questions beginning with the word "discuss," with the idea of drawing out the candidates' real knowledge, are very often seen. Under such conditions quiz compend answers will not suffice. As stated before, the book under review should be a very useful guide for one with a complete medical education who desires to refresh his memory.

ALDERSON.

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**Text-book of Organic Chemistry for Students of Medicine and Biology.** By E. V. McCollum, Ph. D. New York: Macmillan. 1916. Price $2.25.

This work is an academic guide for a semester in physiologic chemistry. Emphasis is placed upon biologic phenomenon rather than synthesis. Technical matters and laboratory manipulations are not considered. The subject in hand begins with the simpler saturated fatty hydrocarbons and broadens with presentation of the alcohols, ethers and aldehydes before the chapters on the more complex fatty acids, waxes and paraffins are reached. The carbohydrates are considered in detail with the chemical changes involved in the fermentation of the sugars. The benzines and their derivatives are also extensively considered. There are short chapters on certain alkaloids and organic arsenic compounds. Only a limited discussion of the proteins is given.

This is an admiraple work, is compact, liberally indexed and confined strictly to the theoretic discussion of the topics presented. There is unfortunately an impression given the reviewer that in the writer's zeal to restrict himself, a certain loss of personality and completeness arises. A consistent reasoning is shown and every effort is made to simplify apparently complex organic chemical changes, and the student is not compelled to burden his memory with chemical formulas or seek other references for the thorough grasp of the subjects at hand. E. A. V.

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**Impotency, Sterility and Artificial Impregnation.** By Frank P. Davis, Ph., M. D. Pp. 135. St. Louis: C. V. Mosby Co. 1917.

The author says in his introduction that: "The production of new books for the physician appears to be limited only by the invention of titles. Many of the books contain but little new material." He says further: "I am well aware that there are a number of pretentious works on sexual subjects, but none that I have read fulfilled my wants." Our expectations were great when we read on page 10: "I have attempted to blaze out a new trail, and have established some landmarks," but our disappointment was greater yet, because in the little book we found not even the customary "little new material," we found nothing new, no blazed trails, and only a few old landmarks.

True, we are told a few new things, but they are not material; for instance, on page 14 the author says that: "The sexual ability of the male depends upon the erection of certain **muscular** organs." Ella Wheeler Wilcox celebrates her first appearance as an authority on the subject, and the author does not seem to know that spermatozoa is the plural of spermatozoon.

We must agree with the author when he says on page 106: "Gold has long held the reputation of exerting a specific action upon the sexual organs," only we cannot believe that gold does much good when taken internally. V. G. V.

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**The Medical Clinics of North America.** Volume 1, No. 2. The Philadelphia Number, July, 1917. Octavo of 269 pages, 28 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Published by-monthly. Price per year: Paper, $10; cloth, $14.

**Contents.**

Aortis, Thomas McCrae; classification chronic nephritis and relation of infection to kidney diseases, Alfred Stengel; cardiac disease and digitalis, H. A. Hare; aortic aneurysm, leukemia, Joseph Sailer; progressive myocarditis, etc., D. Riesman; diagnosis pulmonary tuberculosis by Roentgen ray, H. K. Pancoast; angina pectoris and allied conditions, A. A. Stevens; mechanical disorders and irregularities cardiac contraction, R. V. Patterson; gastric infection, M. E. Rehfuss. ulcerative endocarditis, etc., J. Daland; diagnostic value examinations cerebro-spinal fluid, J. A. Kolmer; auricular fibrillation, long duration, J. H. Musser Jr.; poliomyelitis, T. H. Weisenburg; essentials and limitations of average diet, O. H. P. Pepper; causes of reaction after salvarsan, J. F. Schamberg; osteitis deformans, E. H. Funk.

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**Text-book of First Aid and Emergency Treatment.** By A. C. Burnham, M. D. Philadelphia and New York: Lea and Febiger, 1917.

It is a very welcome commentary on the almost universal demand for first aid instruction in the United States that such a book as this has been brought out. Dr. Burnham sees clearly the educational and cultural aspects of first aid instruction quite as well as he sees the practical application of the principles of first aid to the commoner emergencies of daily life. Regarded from this point of view, this book will find its best use in the hands of the instructor, to whom it will prove a mine of inspiration in lecturing. For the lay reader, one feels that the text is a little too technical and comprehensive in its scope; and the treatment occasionally so elaborate that the purely temporary and transient nature of first aid may be lost sight of. To enumerate categorically all the errors of omission and commission in this very earnest and honest book would be doing the author a great injustice, but the reviewer feels that picric acid is still entitled to mention in the case of burns and that faith in the tourniquet as a controller of hemorrhages should not be undermined. On the other hand, too much cannot be said in favor of the excellent way in which Dr. Burnham has grouped the various branches of the work so as to correlate as many facts as possible and also the way in which the diagnoses are logically deduced from the evidence furnished by patient and surroundings. We have here a book that will be a most valuable aid to all instructors in this special field. But it cannot be unhesitatingly recommended for use among the laity, except with the understanding that it is to serve as a text to be lectured from by a competent instructor. G. H. T.

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# Correspondence

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### FROM A BELGIAN- SOLDIER.*
**(Translation.)**

At the Front, Sept. 18, 1917.

Miss:—I am going by these lines, my humble unknown, to thank you for your generosity. I yesterday received, by means of a committee, a box of cigars in which was a card. On this card I found your address. As it is to you I owe these excellent cigars, I have no wish to be an ingrate, and I thank you from the bottom of my heart.

If you could know how agreeable it is for us Belgians, and for me in particular, to learn that very far across the seas there are charitable souls

*See editorial comment.

who think of us, who are being blotted out of existence by the war.

For three years I have been at the front. I have left in Belgium my entire family and have never received any news of those I love. It is enough to say to you how terrible our situation is. Also, I have been very touched in knowing the sentiments which exist in the United States for my unhappy country and its brave soldiers.

We have every hope and confidence in the final victory of the allies, who will return to our relatives and families everything, since the great American Republic has joined the allies in the struggle of right and justice against barbarism.

I finish, Miss, in assuring you of my sincere remembrance.

EDMOND LUCAS,
Sergeant, Sixth Infantry, D. 123, Field Army, Belgium.

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## PUBLIC HEALTH NURSES.

To the Editor:—Public health nurses have greatly increased during the past few years. Hundreds, perhaps thousands, of small towns and rural communities, as well as large cities, have come to regard them as indispensable community servants. Their service represents at least a minimum of skilled nursing which can usually be supplemented with safety by family, neighbors or trained attendants. Their value as health agents is now pretty generally recognized by health officers, school boards and manufacturers, as well as by the public itself.

Because their work is largely preventive, one of their chief values is that they persuade many people to call upon their doctor before an illness has become serious enough to have convinced them that it was necessary to consult him. Nevertheless, their opportunities as health teachers most often depend upon and follow their entry to the homes in time of need due to illness. They are very dependent upon the local physicians because it is an invariable rule that no visiting or public health nurse shall perform any treatment nor administer any medicine, nor even make repeated calls upon a patient except with the consent and direction of the family physician.

Oftentimes these facts are not understood by country doctors, and consequently they refuse to call for the nurses' assistance, and even discourage their patients and their families from doing so. This situation is becoming less and less frequent, but still exists in some localities and among some doctors.

More than ever, these nurses will be needed now that so many physicians are being called to military duty, and yet they cannot serve the people unless the doctors who remain at home will recognize and call upon them.

The members of the National Organization for Public Health Nursing, among whom are many Red Cross town and country nurses, have instructed me to bring this matter to the attention of the state medical associations in the hope that they will see fit to urge their county societies to interpret the work of public health nurses to their members, to clear away the misunderstandings which are now in some places preventing the best and fullest use of public health nurses and to encourage employment of their services.

Representative women in this field will welcome opportunities to discuss the subject before State or local associations.

Sincerely yours,
ELLA PHILLIPS CRANDALL,
Executive Secretary.

New York City, October 19, 1917.

## RESIGNATION FROM MEDICAL FACULTY.

November 6, 1917.

Dr. William F. Southard,
President Board of Trustees,
College of Physicians and Surgeons,
San Francisco, California.

Dear Doctor:

I hereby tender my resignation as Professor of Nervous and Mental Diseases in the College of Physicians and Surgeons, San Francisco.

I am prompted in this action by the condition of the college. The standing which this college now holds is regrettable to the extreme. I feel that in order to secure recognition as a reputable college that it will be necessary for the college to conform with the demands of the council of medical education of the A. M. A.

I furthermore feel that inefficiency permeates the whole teaching and executive staff, and in order to secure proper organization I think it advisable that the members of the faculty resign, thereby relieving your board of any embarrassment which might otherwise be present in such reorganization.

Should you completely reorganize in conformity with the request stated and which reorganization would meet the approval of the Government and the council of education of the A. M. A., then you are at liberty to invite me to again occupy the chair of Nervous and Mental Diseases should you so wish.

I trust that you will not misconstrue my motive in thus resigning, for I have the welfare of the students at heart, which students I feel should receive as thorough a medical education as is possible to give them.

With my best personal wishes to you, and wishing you every success in a reorganization of the college, which I trust will take place, I am,

Very truly yours,
OTTO G. FREYERMUTH.

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(After this letter was submitted for publication, Dr. Southard was asked for any comments he wished to offer. His letter follows:)

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To the Editor:

In reply to your favor of the 9th inst., I will simply say that Dr. Freyermuth's resignation was requested for the good of the medical school. I have no comments to make at this time, as the plan of reorganization is now in the hands of the board of trustees and faculty of the College of Physicians and Surgeons.

Very truly yours,
W. F. SOUTHARD.

San Francisco, Nov. 12, 1917.

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(A copy of Dr. Southard's letter was submitted to Dr. Freyermuth, whose reply follows:)

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To the Editor:

Yours of the 13th inst. with a copy of the letter of Dr. W. F. Southard just at hand. In reply will state that neither directly nor indirectly, at any time or place, has my resignation from the faculty of the Physicians and Surgeons College been officially demanded, requested or even suggested.

On the contrary, on November 5th I personally informed Dr. Southard that I could no longer remain with the College. Yet, he requested me not to resign until the A. M. A. had given the College

their rating; also, on November 10th I received the following letter:

"San Francisco, Nov. 10, 1917.

"Otto Freyermuth, M. D.,
"Phelan Bldg.

"My dear Doctor:

"Your letter came duly to hand and I have placed it before the Board of Trustees, who will act upon it in a few days.

"Very truly yours,
"W. F. SOUTHARD."

I have great respect for Dr. Southard and cannot convince myself that he was instrumental in dictating the letter to you.

I was prompted to resign from the faculty not because of any animus or personalities, but rather as a protest against the appalling inefficiency of the entire institution. I have the interest of the students at heart and certainly hope that some means may be employed whereby the students and the graduates who have been drafted into the army, out of the College, may be permitted to continue their studies.

I am sorry that any personalities have entered into the controversy. I am,

Yours very truly,
OTTO G. FREYERMUTH.

San Francisco, Nov. 15, 1917.

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## MEDICAL CERTIFICATE TO ESCAPE DRAFT.

To the Editor:—I am inclosing you a copy of a certificate which to-day was handed to one of the doctors serving on Exemption Board No. 1, in San Francisco. In view of the fact that this man was passed as being physically qualified for military service, is it possible that we have made a mistake, when so eminent authority as Dr. Ericius Remedy Co. have given this man a certificate "at possibly so much per," stating he is suffering from such a serious complaint?

Yours truly,
W. A. CLARK, M. D.

Oakland, Cal., September 19, 1917.

"DR. ERICIUS REMEDY CO.

"New York, June 13, 1917.

"To Whom It May Concern: That Mr. O. E. Olson of 407 Tehama street, San Francisco, Cal., who has been in our care since February 8th this year, suffers from PHLEGMONOUS ENTERITIS, and upon this ground is unable to do military service of any kind, which probably will make his condition worse. is hereby affirmed.

"DR. ERICIUS REMEDY CO.
("Signed) Per E. A. Son.

"Physician in charge Dr. Max Lawrence Polowe,
"319 Sixth street, New York City."

(Note—A copy of this certificate was sent to the secretary of the New York State Board of Medical Examiners, with a request for information about the Dr. Ericius Remedy Company. An excerpt from the secretary's reply follows.)

"To the Editor:—This case again emphasizes the need for adequate legislation governing the practice of unethical physicians. Dr. Max L. Polowe, who signs himself as physician in charge of the Dr. Ericius Remedy Company, was graduated from the University and Bellevue Hospital Medical College, an excellent institution, in 1903, and passed the medical licensing examination of this State in 1904. He is, therefore, legally entitled to practice until such time as he shall have been convicted of violations of the law of the State. It is only upon such grounds as this that the license of a physician is revoked. As you will see, this leaves the broad question of advertising and ethical behavior on the part of physicians in the control of the various local and county medical societies. It has been the opinion of the officers of the State Medical Society and of the body of men in the State service who administer the laws controlling professional education and practice that the control of the ethical behavior of physicians should be in the hands of the medical profession. It is evident, however, from years of practical trial that such control is imperfect and inadequate, and I believe in the near future legislative action will be taken to reach such physicians as are willing to cast ethical procedure aside and prostitute their profession for financial gain.

"W. J. DENNO, M. D.

"Albany, N. Y., October 15, 1917."

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## OUR INDICTMENT OF GERMANY.

By THOMAS W. GREGORY,
Attorney-General of the United States.

The German Government began this war by a contemptuous breach of its formally plighted faith made in solemn treaty, and from the beginning until now has more than made good this ominous earnest of its intention and temper. The President has shown us how one by one, as opportunity offered, the safeguards which civilization has been able during the centuries to throw around neutrals and the non-fighting people of warring nations, were ruthlessly torn down; how patient and long-suffering remonstrance and request were met by fair words, and fairer promises made only to be broken.

We all know as but sober fact, plainly stated, that the Imperial Government has allowed no rule of war, no principle of civilization, no consideration of humanity, no teaching of Christianity to stand between it and the working out of its illegal purposes. For half a century that Government has schemed and prepared to dominate the world by "blood and iron." For half a century the officials of the Imperial Government, from the Kaiser down, including even the teachers of their children, have prostituted the minds of their youth until the whole people has been led to a toleration, if not approval, of the hideous outrages and barbarities practiced by that Government in this war. While yet we were neutral, struggling to keep free from the conflict, the representatives of that Government in this country planned to destroy our factories and our railroads, forged our public papers, deceived us when convenient, violated our hospitality and our sovereignty, while they plotted against our territorial integrity; they deliberately and with malice and affronting forewarning drowned our helpless women and babes, and declared a public holiday that their own innocent children might celebrate the murder.

They have bombarded unfortified towns and bombed the unprotected homes of their foes, taking their toll of wounded and dead from the aged and infirm, the young and the helpless. They have made barren desert of the garden spots of the earth; they have needlessly pillaged and wilfully burned towns; they have reduced to slavery men, women and children; they have wrecked and torn asunder families with a system diabolical in its efficiency; they have wantonly defiled and destroyed the temples of God. They have done all of these things that they might strike terror into the hearts of men so as more easily to conquer and rule them.

As the war has gone on, the ultimate aim of the Imperial Government has become more and more clear. Drunk with the sense of its own power and its asserted superiority, it has proposed to secure a dominating position for itself and for its system over the entire world. Nowhere yielding to the people their rightful powers, and

everywhere seeking to uphold autocracy and despotism, it has shown its intention to perpetuate absolute government of which it admittedly is the head and front. Its "kultur" is avowed to be the acme of human goodness and endeavor, and is to boast the rulership of the world, gained by force and arms.

The world must fight to preserve itself. Of this there can be no doubt.

Heretofore, save in rare cases, war has been a fight between armies; but this war, because of the initial preparation for it by an autocracy which prostituted a whole mighty nation to its purpose is a contest between peoples themselves. It is correspondingly intense and relentless. The march of events shows that it is now a war of systems—kings against peoples. If our enemy win, kings will dominate the world, because no democracy fights with or for them. The Prussian autocrat and the brutal Turk will impose upon us their wills, tell us what we may do, what we may not do, and the horrors and atrocities of Belgium and Armenia leave no doubt what this means. "Government of the people, by the people, and for the people will perish from the earth." In this sense this is truly a war of absolute and complete extermination not of peoples, but of systems, and so far as human sight can pierce the future the life of the one system or the other waits on the result.

Thus our own very life came to be bound up in the outcome of this war long before we entered it, and even years before the war broke. To the man of vision it is as clear as sunlight that the aim and the plan of the Imperial Government was and is to conquer the world, nation by nation. It was first to defeat France and Russia, next to dominate Great Britain, and with Europe at its feet to turn to America. "Kultur" and the German sword were to rule around the world. We have been thus forced by the Imperial Government itself to choose whether, in addition to suffering outrage and plunder, we should calmly wait to be crushed ourselves in due time and at the pleasure of the royal will, or should make common cause with those who already fought for us as well as for themselves, to the end that autocratic domination over all mankind should not come to pass.

With all this before them, Congress, the chosen representatives of the people, exercising their constitutional duty and with a realizing sense of their great responsibility, announced in joint resolution "that the state of war between the United States and the Imperial German Government which has been thrust upon the United States is hereby formally declared," and that "to bring the conflict to a successful termination all the resources of the country are hereby pledged."

This is our promise to those we help, our warning and threat to those we fight. Our own fair name is bound up in this pledge. Our honor demands that it be met to the full measure. From the time Congress and the President thus spoke for us it became the duty, moral and legal, of each of us to abate nothing that lay within his power to make our pledge good. Whatever our views, whatever our sympathies theretofore had been, the quarrel was now our quarrel, and we must be true to it in order to be true to ourselves. That this meant that some of us must break with the cherished memories, with friends, home and kindred, cannot matter. So broke our fathers, who gave us our liberties; so must we break to preserve them. The man who is unwilling to make that sacrifice is unworthy the liberties he enjoys and is unwelcome in our midst. The sovereign people of the United States have willed that our every available resource of men and industry must play its part in winning this war, and no head is too high or too low to wish to escape the heavy hand of our sovereign necessity.

# Military News

## NEW NAVAL SURGEONS.

The following-named California physicians have qualified, among others, for appointment as Assistant Surgeons, U. S. N., and will be duly commissioned as Lieutenants, junior grade, in the regular corps, by the President: Carlton L. Andrus, Harold P. Hare, James E. Harvey, Warren D. Horner, Edward F. Mullally, Daniel W. Sooy.

The following have received temporary appointments as Assistant Surgeons, U. S. N., to be transferred to permanent places as vacancies occur: James E. Miller, Edward F. Stadtherr. In all 174 physicians were examined at the last regular examination, held in various parts of the United States. Of these 93, or 53.5 per cent., qualified, while 81, or 46.5 per cent., failed, either professionally or physically.

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Resolution adopted unanimously by the Clinical Congress of Surgeons of North America, at Chicago, October 25, 1917:

Whereas, The experiences of the nation convince us of the necessity for universal military training, to furnish qualified men for defense, to strengthen manhood and mental poise, and to make for a more efficient citizenship; and

Whereas, We believe it will democratize youth and furnish discipline, while developing physical force and endurance, and will produce better fathers and workers for the ranks of peace; therefore, be it

Resolved, That the Clinical Congress of Surgeons, at its eighth annual session, urges upon Congress at its coming session the passage of a measure along the general lines of the Chamberlain bill for universal military training, and that the cantonments now used by the national army be utilized, if possible, for such work.

## ADVISORY MEDICAL BOARDS.

At a recent meeting of the Trustees of the American Medical Association it was proposed to establish well-equipped laboratories throughout the State to be manned by men of well-known professional ability in all the specialties; to have these act as centers for the examination of conscripts where there is a dispute as to their capacity to serve in the Army and Navy. Apparently, conditions have arisen where the District Examining Boards have not been able to settle disputed questions. These advisory medical boards are instituted to solve this problem. Careful physical examination and laboratory findings will be recorded and the results of this work will be presented to the District Examining Boards. This will permit a more just ruling in cases of questionable judgment, and it is to be hoped that it will give the conscript a fairer consideration and at the same time weed out those few cases where citizens attempt to evade the national call to arms.

## REHABILITATION OF CRIPPLES.

A communication has been received from the Surgeon-General, asking that the physicians of California assist in collecting data concerning the rehabilitation of cripples who have overcome their disability and have taken up successful occupations following their loss. It is desired that men of this type should write a little biography, giving in detail their earning capacity before their injury, the means employed to restore their loss of function, the re-education which was necessary to adapt themselves to their new activities, the type of work they do at present, and the comparative earning capacity subsequent to the loss of limb or member. The writer need not sign his name, but all such communications will ultimately find their way to the Surgeon-General's office.

### PUBLICATION COMMITTEE MEETING.

A meeting of the Publication Committee was held on November 5th, and the editor was empowered to refuse all manuscripts for the next few months, this radical measure being made necessary by the crowded condition of the Journal and the large number of manuscripts on hand. Various routine items were also taken up.

## Notices

### TO OFFICERS OF THE MEDICAL RESERVE CORPS, U. S. ARMY INACTIVE LIST.

Word received from the Surgeon-General of the U. S. Army conveys the information to officers of the Medical Reserve Corps of the United States Army, inactive list, that assignment to active duty may be delayed, and that they are advised to continue their civilian activities, pending receipt of orders. They will be given at least fifteen days' notice when services are required.

### STENOGRAPHERS AND TYPEWRITERS WANTED.

The United States Government is in urgent need of thousands of typewriter operators and stenographers. All who pass examinations for the departments and offices at Washington, D. C., are assured of certification for appointment. Women especially are urged to undertake this office work. Those who have not the required training are encouraged to undergo instruction at once. The entrance salary ranges from $1000 to $1200 a year. Advancement of capable employes to higher salaries is reasonably rapid. Applicants must have reached their eighteenth birthday on the date of the examination. For full information in regard to the scope and character of the examination, and for application blanks, address the U. S. Civil service Commission, Washington, D. C., or the Secretary of the U. S. Civil Service Board of Examiners.

## State Board of Health

### NOVEMBER MEETING.

The regular monthly meeting of the State Board of Health was held in Sacramento on November 3, 1917, and was attended by Dr. George E. Ebright, president, and Drs. Fred F. Gundrum, Edward F. Glaser, Adelaide Brown, Robert A. Peers and Wilbur A. Sawyer.

On the request of Prof. C. A. Kofoid, Consulting Biologist, increased funds were allowed for the expenses of the Division of Biology in the eradication of hookworm from the mines and in other lines of work.

The board instructed the secretary to communicate with the Mayor of San Francisco that the anti-vivisection ordinance pending before the Board of Supervisors would be in conflict with the work of the State Board of Health in protecting the health of the public.

By resolution of the Board Dr. Wilfred H. Kellogg, director of the Bureau of Communicable Diseases, was authorized to accept the position of director of the Red Cross Laboratory Car, which position carries no salary, on condition that his duties will not call him outside the state.

One nurse was granted a certificate as a registered nurse through reciprocity.

Owing to the large number of nurses applying for registration, and in response to requests from training schools for nurses, the board decided that examinations of nurses for registration should be held three times a year—in February, June and October—instead of twice a year, as heretofore.

County Boards of Plumbers were appointed, each consisting of a physician, a master plumber, and a journeyman plumber, as required by the new state law for the registration of plumbers.

On the recommendation of the director of the Bureau of Sanitary Engineering, four temporary permits were granted for the operation of swimming pools. Permits were granted to Redwood City to dispose of the sewage of part of the city and of the Christofferson Aircraft Manufacturing Company into Steinberger Creek; to the City of Long Beach to dispose of the effluent of the Reinsch-Wurl screen into the Pacific Ocean, and to the City of Gustine to dispose of sewage on land.

A permit was granted to the San Fernando Mission Land Company to supply water to the City of San Fernando from wells.

The attorney of the board, Mr. Kemper B. Campbell, reported that the case brought by Cozak against Inspector Oakley of the Bureau of Foods and Drugs, had been dismissed on the request of the attorney for Cozak.

Hearings were held in the food and drug cases set for this day, and many cases were referred to District Attorneys for prosecution.

W. A. SAWYER, Secretary.

### PROTECTING SOLDIERS FROM VENEREAL DISEASES.

Dr. H. G. Irvine, director of the newly established Bureau of Venereal Diseases of the California State Board of Health, conferred with Surgeon-General Gorgas and Major W. F. Snow, who has charge of venereal disease control in the Army. As a result of this conference, the Bureau is placed in close contact with the War Department in its widespread work of safeguarding the health of our soldiers. California is recognized by the War Department as the first State to establish a bureau for taking direct and positive action in the control of venereal diseases. A definite policy in the control of venereal diseases among soldiers and sailors has been established by the Army and Navy. With the co-operation of states, counties and cities excellent results may be expected. It is an acknowledged fact that the most serious health problems in modern armies are those relating to the venereal diseases. Every army of Europe has suffered immensely because large numbers of their men have been incapacitated by venereal diseases. To win the war our men must be fit, and California cannot send men infected with venereal diseases to the front.

**Regulations for Control of Venereal Diseases.**

1. All city, county and other local health officers are, for the purpose of the control and suppression of venereal diseases, hereby designated and appointed inspectors, without salary, of the State Board of Health of California, under the provisions of Section 2979 of the Political Code.

2. All city, county and other local health officers are hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all suspected cases of syphilis in the infectious stages and gonococcus infection within their several territorial jurisdictions, and to ascertain the sources of such infections.

3. In such investigations said health officers are hereby vested with full powers of inspection, examination, isolation and disinfection of all persons, places and things as in said statute provided, and as such inspectors said local health officers are hereby directed:

(a) To make examinations of persons reasonably suspected of having syphilis in the infectious stages or gonococcus infection. (Owing to the prevalence of such diseases among prostitutes all such persons may be considered within the above class.)

(b) To isolate such persons whenever, in the opinion of said local health officer the State Board

of Health or its secretary, isolation is necessary to protect the public health. In establishing isolation the health officer shall define the limits of the area in which the person reasonably suspected or known to have syphilis or gonococcus infections, and his immediate attendant, are to be isolated, and no persons other than the attending physicians shall enter or leave the area of isolation without the permission of the health officer.

(c) In making examinations and inspections of women for the purpose of ascertaining the existence of syphilis or gonococcus infection, to appoint women physicians for said purposes where the services of a woman physician are requested or demanded by the person examined.

(d) In cases of quarantine or isolation, not to terminate said quarantine or isolation until the cases have become non-infectious or until permission has been given by the State Board of Health or its secretary.

Cases of gonococcus infection are to be regarded as infectious until at least two successive smears, taken not less than forty-eight hours apart, fail to show gonococci.

Cases of syphilis shall be regarded as infectious until all lesions of the skin or mucous membranes are completely healed.

(e) Inasmuch as prostitution is the most prolific source of syphilis and gonococcus infection, all health officers are directed to use every proper means of suppressing the same, and not to issue certificates of freedom from venereal diseases, as such certificates may be used for purposes of solicitation.

(f) To keep all records pertaining to said inspections and examinations in files not open to public inspection, and to make every reasonable effort to keep secret the identity of those affected by venereal disease control measures, as far as may be consistent with the protection of the public health.

## State Board of Medical Examiners

At the annual meeting of the Board of Medical Examiners of the State of California, held in Sacramento, October 15th, the following officers were elected for the ensuing year: P. T. Phillips, M. D., Santa Cruz, president; H. V. Brown, M. D., Los Angeles, vice-president; C. B. Pinkham, M. D., San Francisco, secretary-treasurer. The terms of the following members of the board expired and new commissions of reappointment were issued, dated October 15, 1917: Dr. P. T. Phillips, Santa Cruz; Dr. Dain L. Tasker, Los Angeles; Dr. Charles B. Pinkham, San Francisco.

Report on osteopathic licentiates who have taken the oral, practical or clinical examination for a physician's and surgeon's certificate, Sec. 12½, Chapter 81, Statutes 1917. Examined in Los Angeles, October 9th to 11th, inclusive, at October meeting of board: Passed, 16; failed, 11; total examined, 27. Examined November 1st, in Oakland, by a commission of four members of the board: Passed, 4; failed, 2; total examined, 6. Examined in Los Angeles by a commission of four members of the board; two examinations held subsequent to the October meeting: First examination—Passed, 0; failed, 6; total examined, 6. Second examination: Passed, 2; failed, 3; total examined, 11. Total A. B. applications filed for October meeting, 52. Results to date: passed, 22; percentage, 50; failed, 22; percentage, 50; total, 44. Reported as examined to date, 44; not acted upon, 8.

The report of the commission will be filed at the next meeting of the board, and a vote thereon will be necessary to ratify the issuance of all certificates other than to those who were "passed" at the regular October meeting.

At the next meeting oral examination will be given to applicants of this class who have filed the required fee for re-examination or who have filed applications since the closing date for the October meeting.

**Prosecution of Illegal Practitioners.**

Experience has proved that the expense of conducting the legal department of the Board of Medical Examiners has been a heavy drain on the finances, yet as long as violations exist the board is called upon to discourage such violation and the procedure incident thereto demands a considerable financial expenditure. A complexity of circumstances renders the details relative to the enforcement of the penalty of violation of the medical act most difficult, and at the same time most expensive. The indifferent support by the medical fraternity in a specific section of the State renders prosecution work most difficult and a heavy drain on the finance of the board is the natural sequence. Let us follow the steps incident to the investigation and prosecution in a specific section of the State from which emanates a number of communications complaining of the alleged violation on the part of some specific individual.

We will presume that the local prosecuting forces are indifferent, while in the same locality the representative practitioners of those who hold valid certificates are restrained by **logical reasons** from arousing an antagonistic feeling by openly appearing as an interested party in the proceedings. Presuming, as is invariably the case, that no evidence is volunteered, it then becomes necessary to send a special investigator to the locality who must depend on local operators to secure evidence. This evidence, it is held, must be in the nature of actual diagnosis, treatment or the writing of a prescription for which a fee is paid in the presence of a witness. The evidence having been secured, a complaint is filed. Then follows an interval prior to the hearing which when set, is subject to continuances in the police or justice court, where final disposition may be effected either by dismissal, a plea of guilty and payment of fine, or by the violator being held to answer to the superior court. In the latter instance there follows another period of delay until the case is finally tried. Estimate the expense to the Board providing the investigators are called upon to journey to the location of trial, particularly if remote, each time a case is set and then continued for hearing at a later date. Judge for yourselves the expense in witness fees, which the Board must pay the operators, for the expenses in 90 per cent. of the cases exceeds whatever fine may be imposed, while in many other cases no fine is imposed, the judgment imposed by the court being probation with the understanding that the violator refrain from further violation. Another discouraging outgrowth of legal procedure which operates against the success of the Board, as a result of a series of continuance extending over a considerable period is the possibility of the disappearance of the witnesses who not infrequently leave the jurisdiction of the court during the many weeks that frequently elapse between the date of arrest and first trial, thus effecting a dismissal of a case from lack of sufficient evidence.

The prescribed confines of the prosecution activities of Attorney Ward in northern California lie in the prosecution of violations in the counties of San Francisco, Alameda, or in the town of San Rafael, while Attorney John Hart represents the Board in prosecution for violations in and about Los Angeles. When violators are reported in other localities it frequently becomes necessary to engage counsel to act as special prosecutor for the Board, providing the local authorities are either indifferent or have their offices too crowded with other matters. The engagement of special counsel can only be effected by obtaining the consent of the Attorney-General of the State of California. Such consent is possible only on satisfactory showing of existing local conditions such as have been mentioned, and when obtained the Board must then arrange with such local attorney as may be selected the

fee to be paid for service. The established schedule of fees for the service of special prosecutors is the payment of $10.00 on swearing to the complaint and 25 per cent. of such fine as may be imposed. The latter fee is payable when the fine imposed is deposited in the State Treasury to the credit of the Board of Medical Examiners. If no fine is imposed a fee of $25.00 is paid to carry the case through the Superior Court.

Chapter 81. Statutes 1917, provide for the retention of 25 per cent. of the fine by the county where the conviction is effected and will be an added stimulus to this work of discouraging violations of the act. Realizing the constantly increasing financial drain incident to investigation and enforcement, as well as the heavy expenditure in issuing a directory, the Board determined that every certificate holder would willingly pay the tax of $2.00 imposed under Sec. 2, Chapter 8 (Statutes 1917), thus effectively assisting the Board in the enforcement of the law.

We hear frequent comments from individual licentiates or discussions among groups of those holding certificates entitling them to practice some system of the healing art in California, the underlying thought being that the principle whereby the Board assumes the police power in enforcing obedience to the regulations of the medical act, is fundamentally wrong. The argument is advanced that the function of the Board of Medical Examiners should be limited to the regulation of preliminary medical and professional education in so far as it pertains to the investigation and standardization of such teaching institutions as qualify applicants for the Board's certificate, the regulation of the examination for such certificates, the issuance of the certificate and the penalizing of those certificate holders who may be guilty of any crime involving moral turpitude as defined in the act.

Perchance you say the District Attorneys should prosecute these violators, but here again we face a problem—lack of funds to investigate, with perchance local contingencies which mitigate against a successful issue.

The Board has other difficulties in the prosecution of violators,—in one instance the Board prosecuted a certain violator in two counties, but owing to popular sentiment could not secure a conviction in either county; the District Attorney in one of these counties shortly after the trial wherein he appeared as prosecutor, came to the office of the Board accompanied by the violator interceding in an endeavor to secure a certificate for the individual he had just prosecuted. Another interesting instance was where a certain Justice of the Peace imposed a fine and accepted payment thereon in installments.

The indifference to medical regulation exhibited by the average practitioner, his lack of familiarity with the essential features of the medical act under which his practice is conducted, his failure to affiliate with the local state and national society, are factors which render most arduous the biennial legislative struggle on the part of those who support reasonable standards of education, qualification and licensure. The quacks and charlatans constantly work for a minimum educational equipment, allowing a maximum scope of practice, and perpetuate a constantly developing publicity campaign which, in the absence of an opposition campaign, will eventually effect a dissolution of all standards of education and licensure.

In the operation of the State Board the unfamiliarity of certificate holders to the provisions of the acts is frequently evidenced particularly in the instance of those who, having lost the certificates issued to them, may locate in a county other than that where such certificate has been recorded. By failure to record their certificate prior to practice, they not only violate section 15, but also may lose their professional rights in civil procedure. specifically in cases involving the attempt to collect a fee for professional services. In the city of San Francisco, investigation discloses a large percentage of licentiates who, having lost their certificates by the fire of 1906, which also destroyed the records of the County Clerk, have neglected to provide themselves through the office of the Board of Medical Examiners, with a duplicate certificate. By failure to record such duplicate certificate with the County Clerk, the practitioners in question have not only inadvertently become technical violators, but in addition thereto have jeopardized their rights in civil action. The medical act further provides that the practice under any name other than that appearing on the certificate originally issued, is a violation, hence those who through marriage or other process of law, have assumed and are practicing under another name than the one appearing on the certificate originally issued, are technically violating section 18.

Perfunctory consideration of matters pertaining to medical education, licensure and regulation engenders the thought so often expressed—of what value is all this red tape and technicality? As concrete examples of its value, your attention is directed to the instance of a certain applicant for written examination who, having been admitted to a written examination in his statement that his diploma had been lost after having been placed in a mail box, failed to furnish satisfactory evidence of the possession of the same, and later correspondence disclosed that no one by that name had graduated from the institution. Instances of the issuance of fraudulent diplomas are frequent and at the present time there is pending before the Board a reciprocity application which was accompanied by a diploma issued in a foreign country, a duplicate of which was offered the secretary, provided he forwarded a money order for $2.50. The applicant claims to have lost the original diploma. evidencing the degree of M. D. However, the difficulties experienced by another state in substantiating the authenticity of the credentials claimed by this individual, engender a strong presumption that California cannot consider the evidence submitted as sufficiently satisfactory to warrant the issuance of a certificate.

## New Members

**Ide, Chas. E.**, Redlands.
**Whiting, Sandford**, Los Angeles.
**Poket, Mary B.**, Tehama.
**Whitney, E. W.**, San Diego.
**Erkenbeck, J. W.**, San Diego.
**Gottbrath, N. J.**, San Francisco.
**Jones, Wendell A.**, Arlington.

## Transferred

**Crabtree, Hezediah T.**, San Francisco.
**Bartlett, Edwin I.**, San Francisco.

## Deaths

**Ermentrout, Dr. S. Justina**, of Eldridge, Cal.; graduate of Woman's Medical College, Penn., '91, University of California, '13; died at her home on November 14, 1917.

**Whitman, C. H.**, of the County Hospital, Los Angeles, has died.

**Ellis, Charles Z.**, of Berkeley, Cal.; graduate of California Med. Coll., '91; Univer. of California, '92; died at the Roosevelt Hospital, Berkeley, on October 16, 1917.

**Tartar, Albert Preston, M. D.**, Alameda, Cal.; University of California, San Francisco, 1882; aged 57; formerly a Fellow of the American Medical Association; a member of the Medical Society of the State of California; district surgeon to the Southern Pacific System; died at the Alameda Sanatorium, October 6th, after an operation for disease of the intestines.

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# CALIFORNIA STATE JOURNAL OF MEDICINE

*BUTLER BUILDING, SAN FRANCISCO*


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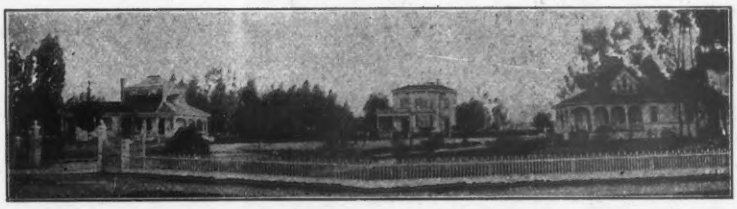

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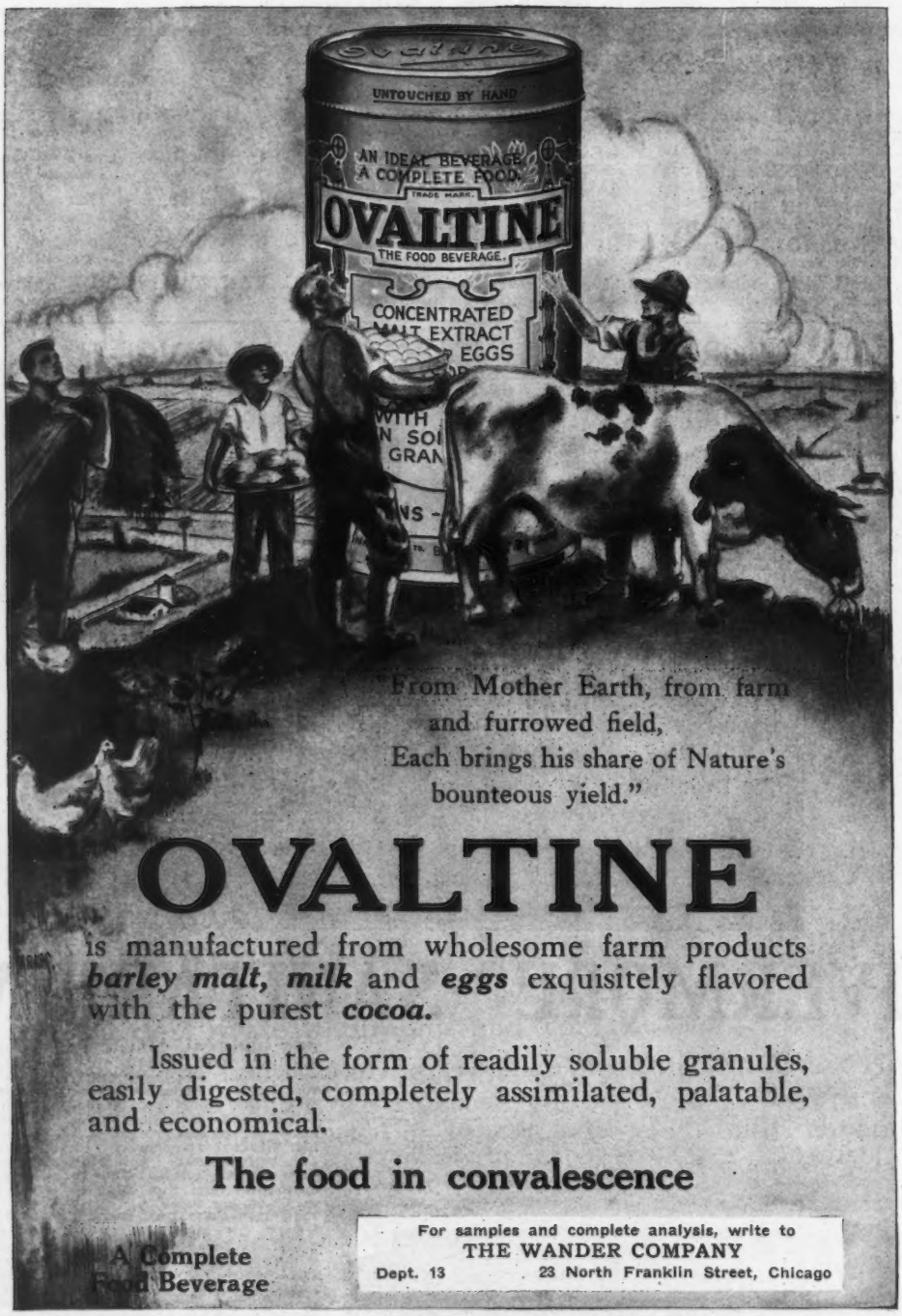


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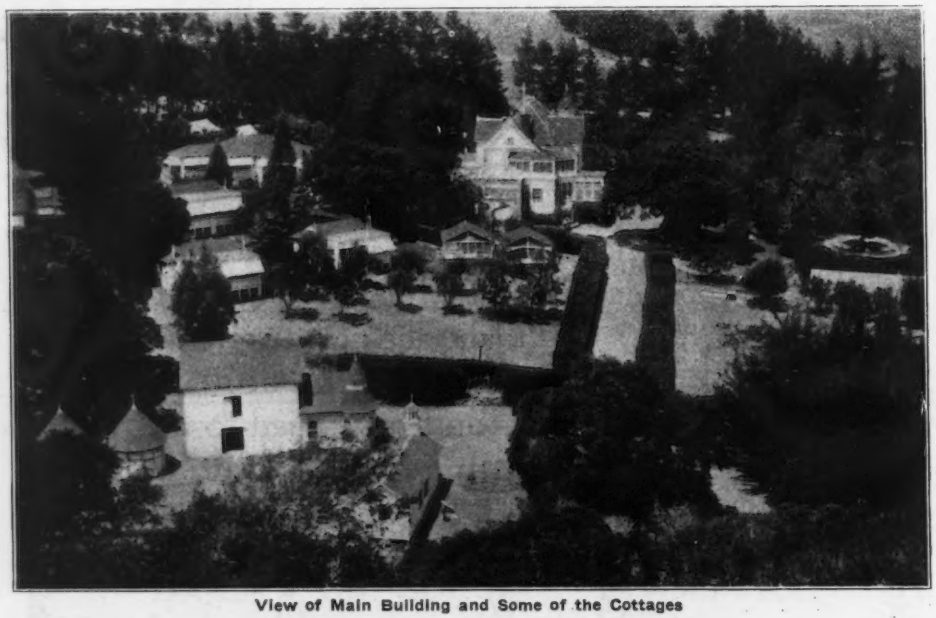

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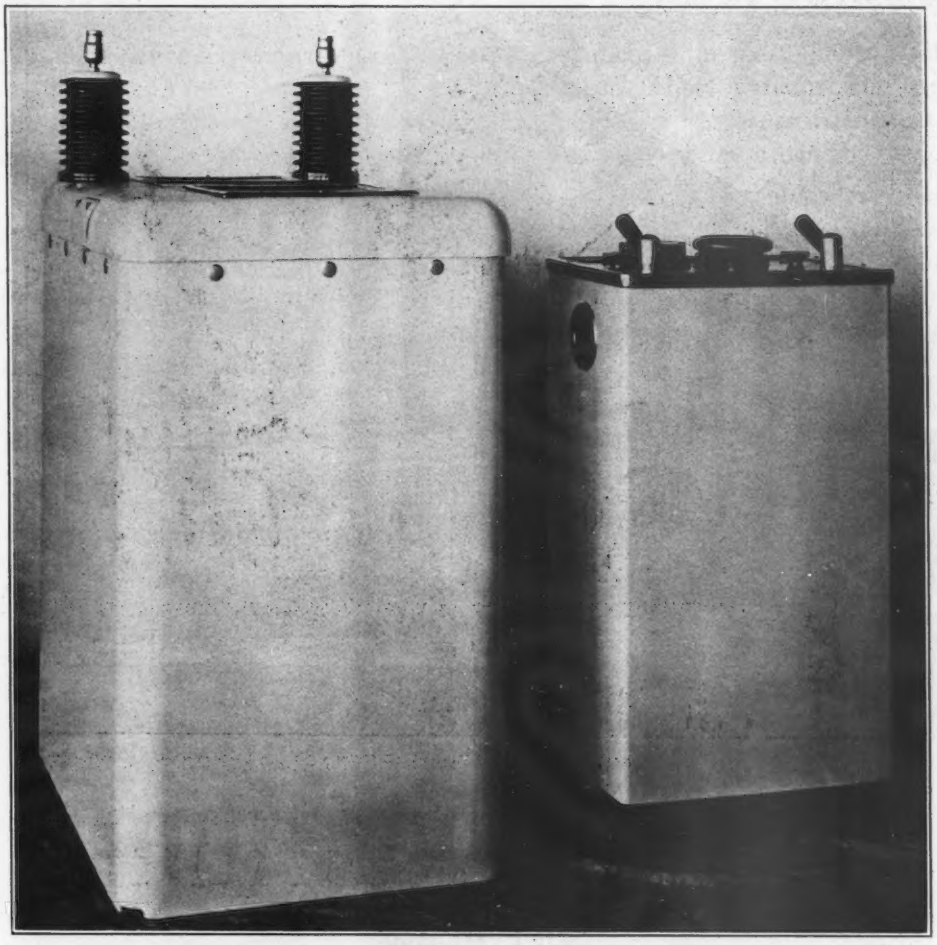

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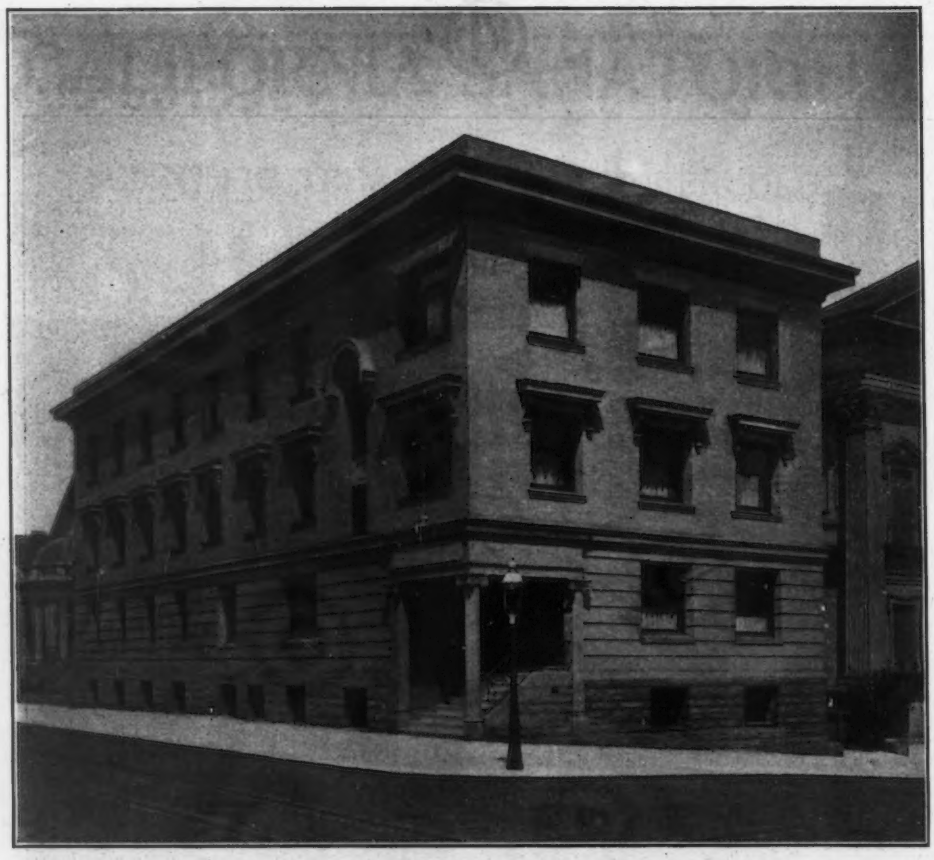

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W. A. George, M. D., Surgeon
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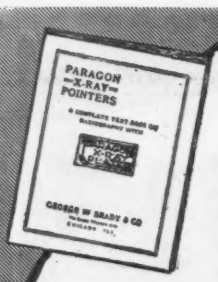


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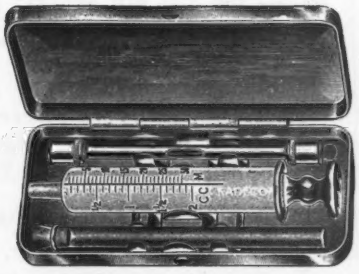

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Flavors In Glass

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The output of this grade is limited. It costs twice as much as the common. And in these days of gelatine shortage, it is a very hard grade to insure.

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Jiffy-Jell is easily digested. Its crushed-fruit taste makes it appetizing. It is made in an instant, at a trifling cost. It forms a conveyor for other foods, like whipped cream, nuts, chocolate, vegetables, rice, etc.

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The flavors for Jiffy-Jell are made from the fruit itself. Not one is artificial.

The flavors come sealed in glass vials, so they cannot change—one vial in each package.

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Each package contains the flavor in separate vial

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## JOHNNIE JONES AND FIRST AID.

Down State street strutted Johnnie Jones
  Waiting for baseball news;
For he had bet just fifty bones,
  That the White Sox couldn't lose.

But a newsboy yelled "White Sox are beat!"
  John muttered: "I'm betrayed,"
And fell with a thud upon the street,
  A victim for First Aid.

Now he by five fair dames was spied,
  They reached him in a chase,
"First Aid! First Aid!" they gaily cried,
  "We've waited for a case."

And Mrs. Pump, who stood quite close,
  Said, "Ladies all be cool,
Now I'll take charge and diagnose,
  For that's a First Aid rule.

"He's pale, he lies there prone, he bleeds.
  Pale face means many things,
We must decide just what he needs;
  (Cordelia take my rings)."

"Frostbite, perchance," said Mrs. Prout,
  "The patient's always pale."
"If poisoned food," said Mrs. Stout,
  "Then Frostbite Aid would fail."

Then timidly said Mrs. Ripps,
  "'Tis sunstroke lays men low."
"I fear dogbite," said Mrs. Tipps.
  "They come, they bite, they go."

"In apoplex, or horrid drink,"
  Cried Mrs. Midge, "they're red:
Electric shock is what I think,
  And then he may be dead."

Said Mrs. Pump, the staunch first chief,
  "We'll take no risk at all
For **all** you've said we'll give relief,
  And then a doctor call.

"We'll raise his feet ('tis life or death)
  Go get a chair or stool,
And give him artificial breath,
  A splendid First Aid rule.

"And **you** said dog bite? Whiskey, quick!
  Now tie the tourniquet!
And **you** thought heat had made him sick?
  Put on a compress wet!

"Electric shock **you** diagnosed?
  Then rubber gloves are safe.
Now pull him near a **wooden** post
  And hard his limbs you chafe.

"'T was poisoned food that was **your** fear?
  Emetics sans delay!
There's ipecac and mustard, dear,
  I know we've saved the day.

"As to his head I wish I knew
  Is 't venous blood or not?"
"No, dearest, venous blood is **blue**,
  And here's a crimson spot!

"Arterial flow! The pressure's found!
  Shoes off, hot bottles there!
The roller bandage came unwound!
  Th' adhesive's in his hair!"

And Johnnie Jones came slowly to,
  And ope'd a puzzled eye.
"First Aid! First Aid! has pulled him through,"
  The ladies shrilly cry.

And Johnnie Jones felt very sick,
  With mustard in his throat,
The tourniquet felt like a brick,
  And dripping was his coat.

He snatched the bandage from his head,
  And kicked it on the street,
And wiped the scratch off where it bled,
  And dried his stockinged feet.

He gently swore, and grabbed his shoes,
  ('Twas rude th' impression made)
Then cried: **"Next time to die I choose,**
  God save me from First Aid!" —H. A. S.

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### An Inguinal Tragedy.

Dramatis Personae:
Queen Hernia.
The Kink of Ileum.
Cardinal Symptoms.
Polly Uria.
Scene: The Right Lower Quadrant.
Time: The Proper.

The omentum rises, disclosing Queen Hernia disguised in Peyer's patches and a submucous coat, seated upon a stool. Anterior horns are heard.

Enter the Kink of Ileum, wearing the royal tunica.

The Queen—How camest thou here?

The Kink—By the levator from the ventricular floor to the pelvic floor, so please your majesty.

The Queen—Thou liest! When Polly Uria was a-feeding the ducts I saw thee hiding in the crypt.

The Kink—Ach, mein Lieberkuhn! (He staggers against the internal pillar.)

The Queen—Aha! Thou art the Kink?

The Kink—Aye, every inch a Kink!

Seizing a spermatic cord, he strangulates her, quickly tying a Gimbernat. As he sloughs away, the Queen breaks down and ulcerates. Cardinal Symptoms rushes in and reads a Blue Mass. The omentum falls.—J. A. M. A.

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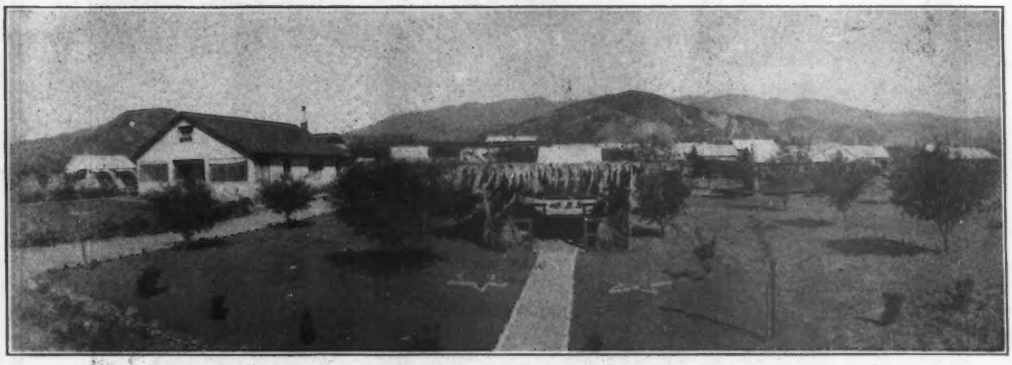

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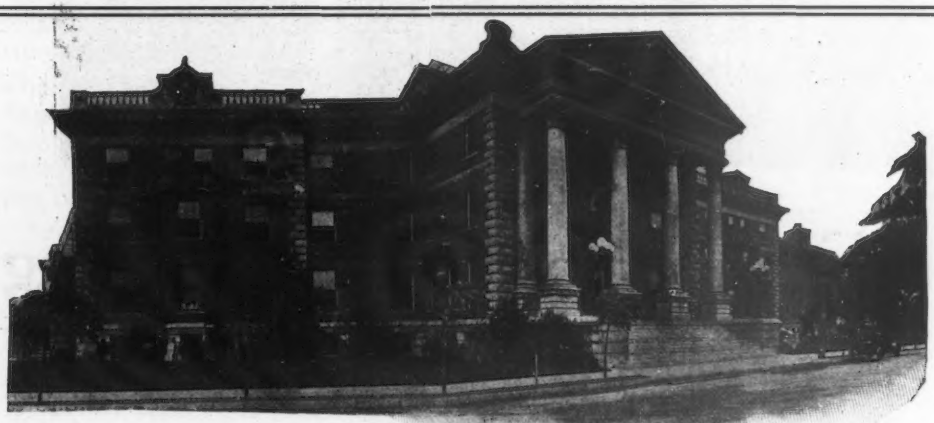

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### Hippo Described.

Johnny, who had been to the circus, was telling his teacher about the wonderful things he had seen.

"An' teacher," he cried, "they had one big animal they called the hip—hip—"

"Hippopotamus, dear," prompted the teacher.

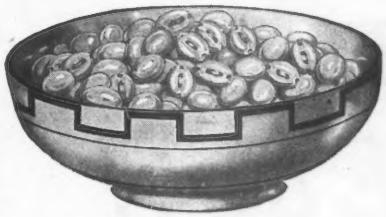
"I can't just say its name," exclaimed Johnny, "but it looks just like 9000 pounds of liver."—Youngstown Telegram.

### Like Cures Like.

"Now, Willy," said the mother, "you told me a falsehood. Do you know what happens to little boys who tell falsehoods?"

"No, ma'am," replied Willy sheepishly.

"Why," continued the mother, "a big black man with only one eye in the center of his forehead comes along and flies with him up to the moon, and makes him pick sticks for the balance of his life. Now, you will never tell a falsehood again, will you? It is awfully wicked!"—Ladies' Home Journal.



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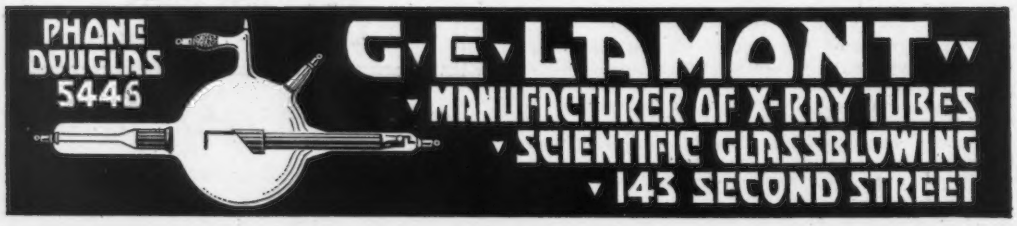
**Slow.**

Mr. Briggs called one evening to see his sweetheart, and her little brother, Tom, was entertaining him until the young woman came down.

"Tom, when your sister comes down and is comfortably seated on the couch with me, I want you to tiptoe in softly and turn the gas down low, will you?"

"You're too late," replied the boy. "Sister just told me to come in and turn it out."—Judge.

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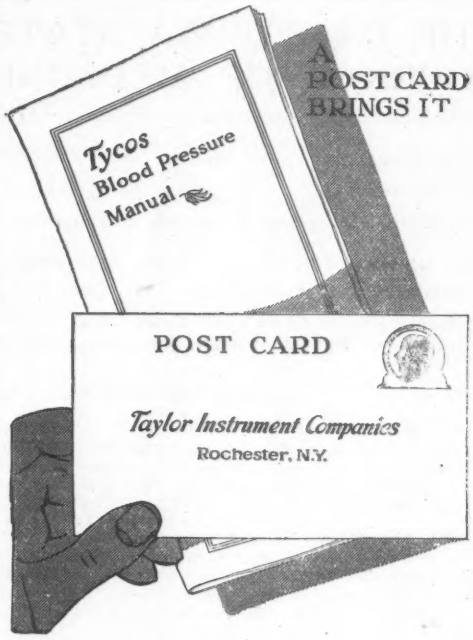


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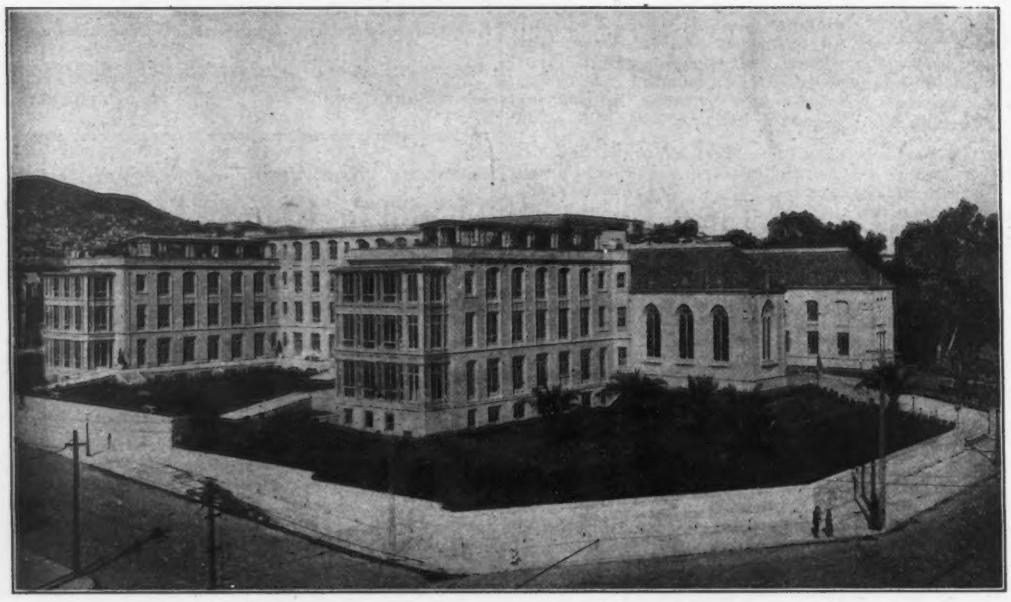

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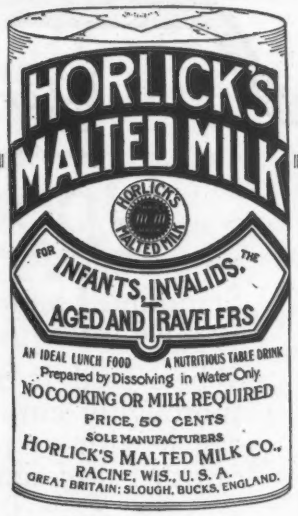


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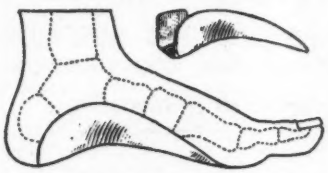

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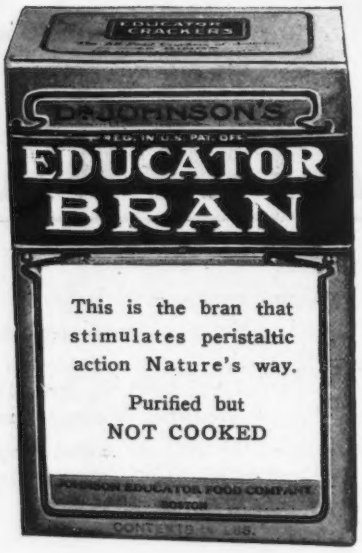


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## LIST OF PRESIDENTS AND SECRETARIES OF COUNTY MEDICAL SOCIETIES

| Counties. | President. | Secretary. | Meets. |
|---|---|---|---|
| Alameda County Medical Association | R. T. Stratton, Oakland | Elmer E. Brinckerhoff, 1st Nat'l Bank Bldg. | 3rd Monday, Oakland Hotel, Oakland. |
| Butte County Medical Society | J. O. Chiapella, Chico | E. E. Baumeister, Chico | 2nd Tuesday. |
| Contra Costa County Medical Society | P. C. Campbell, Richmond | U. S. Abbott, Richmond | 2d Sunday every month. |
| Fresno County Medical Society | J. L. Maupin, Fresno | C O. Mitchell, Fresno | 1st Tuesday. |
| Glenn County Medical Society | Saml. Iglick, Orland | Frank M. Lawson, Willows | |
| Humboldt County Medical Society | F. R. Horel, Arcata | L. A. Wing, Eureka | 2d Tuesday. |
| Imperial County Medical Society | L. R. Moore, Imperial | L. C. House, El Centro | |
| Kern County Medical Society | F. J. Gundry, Bakersfield | C. A. Morris, Bakersfield | 3d Monday. |
| Lassen-Plumas County Medical Society | | R. W. T. Garner, Susanville | |
| Los Angeles County Medical Society | C. C. Browning, Los Angeles | Geo. H. Kress, Los Angeles | 1st & 3d Thursday except July, Aug., Sept. |
| Marin County Medical Society | Wald J. Stone, San Rafael | Harry O. Hund, San Rafael | 2d Thursday each month |
| Mendocino County Medical Society | F. C. Peirsol, Mendocino | O. H. Beckman, Fort Bragg | Meets quarterly. |
| Merced County Medical Society | D. W. Zirker, Merced | Jay Leroy Mudd, Merced | 1st Thursday. |
| Monterey County Medical Society | H. C. Murphy, Salinas | T. C. Edwards, Salinas | 1st Saturday. |
| Napa County Medical Society | W. L. Blodgett, Calistoga | Otto T. Schulze, Napa | 1st Tuesday. |
| Orange County Medical Association | R. A. Cushman, Santa Ana | W. C. Dubois, Santa Ana | 1st Tuesday. |
| Placer County Medical Society | O. C. Hyde, Lincoln | R. E. Allen, Newcastle | 1st Saturday every 2d month. |
| Riverside County Medical Society | W. S. Davis, Corona | Paul E. Simonds, Riverside | 2d Monday. |
| Sacramento Society for Medical Improvement | C. B. Jones, Sacramento | W. A. Beattie, Sacramento | 3d Tuesday. |
| San Benito County Medical Society | L. C. Hull, Hollister | F. O. Nash, Hollister | 1st Monday. |
| San Bernardino Medical Association | B. F. Church, Redlands | Chas. L. Curtiss, Redlands | 1st Tuesday. |
| San Diego County Medical Society | H. C. Oatman, San Diego | G. T. Courtenay, San Diego | 1st and 3d Tuesdays. |
| San Francisco County Medical Society | A. H. Giannini, San Francisco | René Bine, San Francisco | Every Tuesday. |
| San Joaquin County Medical Society | C. R. Harry, Stockton | Dewey R. Powell, Stockton | 4th Friday, except July and August. |
| San Luis Obispo County Medical Society | R. O. Dresser, Paso Robles | A. H. Wilmar, Paso Robles | 1st Saturday of each month. |
| San Mateo County Medical Society | F. S. Gregory, Redwood City | J. L. Ross, Redwood City | 1st Friday each month. |
| Santa Barbara County Medical Ass'n | S. P. Low, Santa Barbara | R. M. Clarke, Santa Barbara | 2d Monday. |
| Santa Clara County Medical Society | J. C. Blair, San Jose | Ed. Newell, San Jose | 1st & 3d Wednesdays |
| Santa Cruz County Medical Society | H. E. Piper, Santa Cruz | A. N. Nittler, Santa Cruz | 1st Monday. |
| Shasta County Medical Society | F. Stabel, Dunsmuir | | Meets quarterly. |
| Siskiyou County Medical Society | C. W. Nutting, Etna Mills | H. R. Parker, Dunsmuir | Meets 1st Monday each quarter. |
| Solano County Medical Society | J. W. Brownlie, Vallejo | Paul Reilly, Vallejo | 3d Wednesday. |
| Sonoma County Medical Society | M. B. McAulay, Petaluma | Elizabeth M. Yates, Santa Rosa | 1st Friday. |
| Stanislaus County | F. R. De Lappe, Modesto | E. F. Reamer, Modesto | 2d Friday except July and August. |
| Tehama County Medical Society | F. J. Bailey, Red Bluff | F. H. Bly, Red Bluff | |
| Tulare County Medical Society | R. N. Fuller, Tulare | A. W. Preston, Visalia | 1st Tuesday |
| Tuolumne County Medical Society | C. E. Congdon, Jamestown | G. C. Wrigley, Sonora | |
| Ventura County Medical Society | W. J. Lewis, Ventura | C A. Jenson, Ventura | 1st Monday. |
| Yolo County Society for Medical Improvement | H. D. Lawhead, Woodland | L. J. Beebe, Woodland | 1st Tuesday, except July, Aug. and Sept. |
| Yuba-Sutter Counties Medical Society | Allen Gray, Marysville | A. L. Miller, Marysville | Meets every 2 months. |

N. B.—Secretaries will please notify Journal office of any changes taking place in their respective counties.

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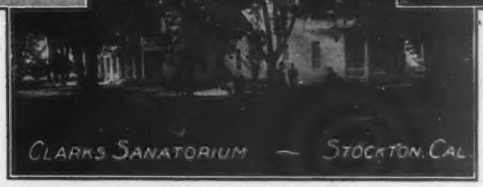


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